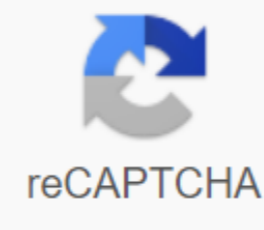




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Ankle-brachial pressure indexMeasuring ankle-brachial indexSynonymsAnkle-brachial indexPurposeDetection of peripheral artery disease Index ankle pressure (ABPI) or ankle-brachy index (ABI) is the ratio of blood pressure on the ankle to blood pressure in the upper arm (brachyum). Compared to the arm, lower blood pressure in the leg involves blocked arteries due to peripheral artery disease (PAD). ABPI is calculated by dividing systolic blood pressure on the ankle into systolic blood pressure in the hand. The patient method should be placed on the back, without the head or limbs hanging over the edge of the table. Measuring the blood pressure of the ankle in a sitting position will greatly overestimate the AIB 0.3). Doppler's ultrasonic blood flow detector, commonly referred to as a Doppler wand or doppler, and a sphgmomanometer (blood pressure cuff) usually tends to The blood pressure cuff is inflated by the proximal artery in question. Measured by the Doppler wand, inflation continues until the pulse in the arteries stops. The blood pressure cuff is then slowly deflated. When the pulse of the artery is re-detected through the Doppler probe, the pressure in the cuff at this point indicates the systolic pressure of this artery. Higher systolic reading of the left and right hand brachial artery is usually used in the assessment. The pressure in the posterior tibial artery of each leg and artery dorsalis pedis is measured with a higher of the two values used as ABPI_ ABI for this leg. Frak (P_) P_ (Arm) Where Pleg is a systolic arterial arterial dorsaly or posterior tribil artery, while PArm is the highest of the left and right hand brachial systolic blood pressure ABPI test is a popular tool for non-invasive assessment of peripheral vascular diseases (PVD). Studies have shown that ABPI sensitivity is 90% with an appropriate 98% specificity for detecting hemodynamically significant (serious) stenosis 50% in the main arteries of the legs determined by the angiogram. However, ABPI knows the problem: ABPI is known to be unreliable on patients with arterial calcification (hardening of the arteries), which leads to smaller or irrepressible arteries, as the rigid arteries produce falsely elevated ankle pressure, giving false negatives. It is common in patients with diabetes (41% of patients with peripheral arterial disease (PAD) have diabetes, kidney failure or heavy smokers. ABPI values below 0.9 or above 1.3 should be investigated independently. like an aortic aneurysm, and increases the duration of the evaluation. The lack of protocol standardization reduces reliability within the observer. Consistent and accurate results require qualified operators. When working in an accredited diagnostic laboratory, the ABI is a quick, accurate and painless exam, but these problems have made ABI unpoplar in primary care units, and symptomatic patients are often referred to specialized clinics due to perceived difficulties. There are technologies that allow to carry out oscilimetric calculations of ABI, in which simultaneous readings of blood pressure at the levels of the ankle and upper arm are taken using specially calibrated oscilometric machines. Interpretation of the results In a normal object pressure on the ankle is slightly higher than on the elbow (there is a reflection of the impulse pressure from the vascular bed while on the elbow the artery continues at some distance to the wrist). The ABPI ABPI attitude of the higher ankle to the pressure of the brachial artery. ABPI between and including 0.90 and 1.29 is considered normal (without significant PAD), while less than 0.9 indicates arterial disease. The value of ABPI 1.3 and more is also considered abnormal, and involves calcification of the walls of arteries and irrepressible vessels, which reflects severe peripheral vascular diseases. Provided that there are no other significant conditions affecting the arteries of the leg, the following ABPI coefficients can be used to predict the severity of THE PAD, and also to assess the nature and best management of different types of leg ulcers: if there is 1.3 and above AbnormalVessel hardening from PVD Refer or measure the pressure of venous venous ulcers full compression bandage 1.0 - 1.2 Normal range No 0.90 - 0.99 Acceptable 0.80 - 0.89 Some arterial disease Management Risk 10.50 - 0.79 Moderate Arterial Disease Regular Referral Specialist Mixed Ulcers Reduction Compression Bandage Under 0.50 Severe Arterial Disease Urgent Specialist Referral Arterial Editing Compression Bandages Used Predictor of Atherosclerosis Mortality Research in 2006 suggests that abnormal ABPI may be an independent predictor of mortality, as it reflects the burden of atherosclerosis Studies in 2006. 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