

SWOLLEN LEG

Oedema (cardiac/renal/hepatic/low protein/angioedema/infection inflammation)
Lymphoedema (Primary/Secondary) (High output/Low output)
Venous outflow resistance (DVI and its 3 causes/KTS/PWS/DVT)

HISTORY

Pc:
Swollen leg

HPc:
MAIN
Site (uni or bilat) (arms or legs) (proximal extent)
Onset: congenital/chronic/acute
Progression/periodicity
Exacerbating: standing
Alleviating: elevation (lost in late lymphoedema)

ASSOCIATED

Malignancy
Cardiac/renal/hepatic disease features
Infection/inflammation constitutional symptoms and local symptoms eg bite
DVT features

Aetiology (congenital vs acquired – work through classification above)

PMHx:
Surgery (nodes/DVT)
DXT (nodes)
Cancer (nodes + tumour compression)
DVT (tumour)
Cardiac/renal/hepatic disease

Medx:
OCP/HRT (DVT risk) smoking/EtOH/recreational

FHx:
DVT
Lymphoedema

SHx:
Travel esp long haul/soil exposure
Occupation

EXAMINATION

Inspection:

SKIN: scars (surgery/DXT), erythema (DVT), naevus (KTS), DVI features (CEAP), lymphoedema skin changes

SHAPE: square toes (lymphoedema) (swelling → what level)

DEFORMITY: leg length/limb hypertrophy

GENERAL: malignancy/CCF

Palpation:

Pitting: oedema/early lymphoedema

Non-pitting: late lymphoedema

Stemmer's sign (lymphoedema)

Temperature

Tension (compartment syndrome)

Nodes in groin (lymphoedema/malignancy/infection)

Arterial: pulses and CRT

Venous: VV examination + AVM thrill

Auscultation:

Over VVs for AVM (PWS)

Investigations

Bloods (aetiology-based)

Urine

Imaging:

US Venous Duplex

Lymphoscintigraphy

CTAP

CXR (cardiomegaly in CCF/PWS)