Anorexia Nervosa-Associated Raynaud Phenomenon

Evaluation of intermittently discolored, cold fingers was sought by a 39-year-old woman with long-standing anorexia nervosa. The patient had never smoked and was not taking any vasoconstrictive drugs.

Examination revealed an emaciated woman who was 163 cm (5 ft 4 in) tall and weighed 38 kg (84 lb). Her fingers were palpably cool, erythrocyanotic, mildly swollen, and xerotic. Bilateral radial and ulnar pulses were palpable, and an Allen test revealed no occlusion of the distal ulnar or radial arteries. An extensive serologic workup for underlying blood dyscrasias, paraproteinemias, collagen vascular disease, and vasculitis/vasculopathy was unremarkable.

Drs Steven M. Dean and Jean Starr of Columbus, Ohio, diagnosed anorexia nervosa–associated Raynaud phenomenon. Peripheral vasoconstriction is not uncommon in severely affected anorexic patients. The cause is unknown; some theorize that it may be a method of heat conservation in response to a low core temperature or a type of thermoregulatory dysfunction. Digital swelling and perniosis have also been documented in anorexic patients. The digital clubbing seen here may result from anorexia-related malnutrition.

The patient was reassured that digital gangrene was unlikely. Since her cold sensitivity was relatively asymptomatic, the patient declined vasodilator therapy.

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