

Differential Diagnosis of PAD

Disease	Characteristics	Notes
<u>Osteoarthritis</u>	Often locates to the hips and knees; pain with variable activity and certain positions	Common in the same age group as those affected by, and may accompany, PAD
Sensory neuropathy	Not usually dependent on activity; more often position-related pain. Symptoms may be numbness or burning pain	Often affects younger patients than those with PAD. Often associated with diabetes mellitus
Musculoskeletal disease	Diffuse muscle pains, often unrelated to activity	Typical in patients with fibromyalgia and systemic autoimmune diseases
Venous disease	Limb pain may worsen with activity and standing; edema is usually associated; relief with limb elevations; limb with hyperpigmentation on exam	Patients are younger and may have a history of DVT. Leg pruritus, hyperpigmentation, and medial malleolar ulcers may occur
Lumbar radiculopathy	Patient usually has a history of back problems; burning and back of leg pain	Often in setting of back injury. Should be referred to a back specialist
Popliteal entrapment syndrome	Affects the calves, worse with vigorous physical activity. A drop in the ABI occurs with dorsiflexion	Occurs primarily in young athletes. Treatment involves release of soleal band (62)
Chronic compartment syndrome	Affects calves, worse after long duration of physical activity. ABI not affected (64)	Occurs in young athletes. Treatment consists of four compartment fasciotomy (62)

ABI = ankle-brachial index; DVT = deep venous thrombosis; PAD = peripheral arterial disease.