

[ PICTURES IN CLINICAL MEDICINE ]

## Erythromelalgic Symptoms in Left Subclavian Artery Stenosis

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**Picture.**

A 70-year-old woman with hypertension and Sjögren's syndrome presented to the Department of Internal Medicine in mid-summer with a 2-year history of painful erythema in her left hand recurring only during summer (Picture A). She complained of burning pain that was relieved by cooling. The appearance of symptoms coincided with left subclavian artery stenosis (Picture B). On a physical examination, the blood pressures in her right and left upper arms were 136/83 and 116/83 mmHg, respectively. Notably, the left hand was warmer than the right. A laboratory examination revealed no evidence of myeloproliferative disease and a normal D-dimer level. Positron emission tomography revealed no evidence of large-vessel arteritis. Oral clopidogrel was initiated

but was ineffective, and stenting of the subclavian artery was performed. Subsequently, all of her symptoms disappeared (Picture C, D).

**The authors state that they have no Conflict of Interest (COI).**

### References

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