4.16 Abnormalities of the jugular venous pulse

Condition	Abnormalities
Heart failure	Elevation, sustained abdominojugular reflux >10 seconds
Pulmonary embolism, tamponade	Elevation
Pericardial effusion	Elevation, ~~prominent~~ flattened 'y' descent
Pericardial constriction	Elevation, Kussmaul's sign, prominent 'y' descent 'x' descent
Superior vena cava obstruction	Elevation, loss of pulsation
Atrial fibrillation	Absent 'a' waves
Tricuspid stenosis	~~Giant~~ 'a' waves Large, prominent
Tricuspid regurgitation	Giant 'v' or 'cv' waves
Complete heart block	'Cannon' waves

4.17 Cardiac auscultation: the best sites for hearing an abnormality

Site	Sound
Cardiac apex • Midsystolic of M prolapse • Pansystolic of MR • Opening snap of MS	First heart sound Third and fourth heart sounds Mid-diastolic murmur of mitral stenosis
Lower left sternal border	Early diastolic murmurs of aortic and tricuspid regurgitation pansystolic Apex ← ~~Opening snap of mitral stenosis~~ Pansystolic murmur of ventricular septal defect
Upper left sternal border S_2 splitting	Second heart sound Pulmonary valve murmurs
Upper right sternal border	Systolic ejection (outflow) murmurs, e.g. aortic stenosis, hypertrophic cardiomyopathy
Left axilla	Radiation of the pansystolic murmur of mitral regurgitation
Below left clavicle	Continuous 'machinery' murmur of a persistent patent ductus arteriosus

Additional tables (from Macleod's 13th ed.)

6.38 Diseases associated with secondary Raynaud's syndrome

- Connective tissue syndromes, e.g. systemic sclerosis, CREST (calcinosis, Raynaud's phenomenon, oesophageal dysfunction, sclerodactyly, telangiectasia) and systemic lupus erythematosus
- Atherosclerosis/embolism from proximal source, e.g. subclavian artery aneurysm
- Drug-related, e.g. nicotine, beta-blockers, ergot
- Thoracic outlet syndrome
- Malignancy
- Hyperviscosity syndromes, e.g. Waldenström's macroglobulinaemia, polycythaemia
- Vibration-induced disorders (power tools)
- Cold agglutinin disorders

6.41 Clinical features of venous and arterial ulceration

Clinical feature	Venous ulceration	Arterial ulceration
Age	Develops at age 40–45 but may not present for years; multiple recurrences common	First presents in over-60s
Sex	More common in women	More common in men
Past medical history	Deep vein thrombosis (DVT) or suggestive of occult DVT, i.e. leg swelling after childbirth, hip/knee replacement or long bone fracture	Peripheral arterial disease, cardio- and cerebrovascular disease
Risk factors	Thrombophilia, family history, previous DVT	Smoking, diabetes, hypercholesterolaemia and hypertension
Pain	One-third have pain (not usually severe) that improves with elevating the leg	Severe pain, except in diabetics with neuropathy; improves on dependency
Site	Gaiter areas; usually medial to long saphenous vein; 20% are lateral to short saphenous vein	Pressure areas (malleoli, heel, fifth metatarsal base, metatarsal heads and toes)
Margin	Irregular, often with neoepithelium (appears whiter than mature skin)	Regular, indolent, 'punched out'
Base	Often pink and granulating under green slough	Sloughy (green) or necrotic (black), with no granulation
Surrounding skin	Lipodermatosclerosis always present	No venous skin changes
Veins	Full and usually varicose	Empty with 'guttering' on elevation
Swelling (oedema)	Usually present	Absent
Temperature	Warm	Cold
Pulses	Present, but may be difficult to feel	Absent