

Original Research Paper

Surgery

Prevalence of Skin Manifestations in A Case of Varicose Vein in A Surgical Clinic (ACSMCH)

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KEYWORDS:

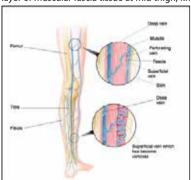
Introduction:

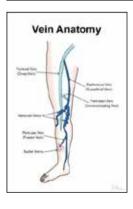
Varicose veins are those veins that have become enlarged and twisted, commonly in the leg.

Veins have a pair of leaflet valves to prevent the blood from flowing backwards (retrograde /venous reflux).in varicose veins the leaflets wont no longer meet together causing vascular incompitence causing blood to flow causing evenmore enlargement of veins(commonly superfitial veins which subject to high pressure on standing)

Leg vein anatomy;

Leg comprises of a network of veins, vessels that carry blood back to the heart(deep veins and superfitial veins)perforator veins connect the deep system to superfitial system. They pass through the deep layer of muscular fascia tissue at mid thigh, knee and ankle.





Objective:

Goal of this study is to document the prevelence of varicose veins

, skin trophic changes and venous symptioms in cases attended in surgical clinic in acsmch.

Methods:

Patients were interviewed and underwent physical examination & the presence of varicose veins , trophic changes and venous symptoms are recorded.

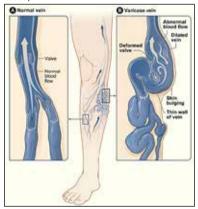
Venous reflex disease;

Vein valves become damaged/ diseased, resulting in vein valve failure.

Reflux or backward flow in the veins occurs.

Pooling of blood causes pressure in the leg veins

Increaed pressure may causesurface veins to become dialated(varicosed).



Symptoms:

- 1. Varicose veins
- 2. Pain over limb
- 3. Swollen limbs
- 4.leg heaviness and fatigue
- 5. Skin changes and ulcers
- 6. Night cramps
- 7. Excercise intolerance

Skin manifestations includes:

- 1. Lleg swelling and pain worsening on exercise
- 2. Leg cramps severe during night.
- 3. Leg swells followed by venous exzema and lipodermatosclerosis.
- 4.Ulcerations which may proceed to marjolins ulcer
- 5. Atrophic blanche\

Stages CEAP classification:

C0: No visible or palpable signs of venous diseases.

C1: Telenglasia/reticular veins

C2: Varicose vein

C4a: Pigmentation/eczema

C4b: Lipodermatosclerosis/atrophic blanche

C5: Healed venous ulcer

C6: Active venous ulcer



Conservative treatments:

1.leg elevation

2.Conservative stockings

3. Conservative treatments often have poor patient compliance because they;

a.are difficult for patients to intergrate into daily routine

b.are uncomfortable

c.require lengthy/lifelong treatment

d.donot cure the underlying pathology