CLINICAL AND ANATOMICAL STUDY OF VARICOSE VEIN AND ITS MANAGEMENT

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Abstract:
Varicose veins are a combination of dilated veins which are permanently elongated, tortuous path, circulation have pathology and a is a common cause of problems in the lower limbs. The problems are non pathological to a pathological one.

The aim of the study was Clinical and anatomical study of varicose vein and its management. This prospective study was carried out over a period of 12 months from January 2017 to December 2017 in the Department of General Surgery at the gajra raja medical college Gwalior MP. Patients with varicose vein in lower limb were included in the study, were assessed on the basis of clinical and anatomical examination. Confirmed by venos Doppler. Classified on the basis of Clinico-Etiological-Anatomical-Pathological classification (CEAP Classification). In our study men were affected more than females. In our study it was found that middle age group was mostly affected. Our study have most patient with presentation of varicose veins with dull pain. Most patient have long standing hours as etiology. Valves are consistently located at specific locations in the deep veins of the leg, although there is often significant variability between subjects. This could explain why some deep veins are more commonly involved than others. In our study it was observed that the most common involvement was that of the common femoral vein, followed by popliteal and tibial veins. In the study out of 69 lower limb presentations, 32 were given conservative management and 37 limbs underwent surgical treatment. all patients were asymptomatic in one year followup period

Key words – Varicose Vein, Anatomy, Surgery

Introduction
Varicose veins are a combination of dilated veins which are permanently elongated, tortuous path, circulation have pathology and a is a common cause of problems in the lower limbs. The problems are non pathological to a pathological one.

Up to 80% varicose vein surgery are successful, while 20% are recurrent. Recurrent varicose veins are due to inadequate technique or inadequate treatment. Best investigation for this entity is sonography. New techniques of treatment and cosmetic awareness has changed the course of this disease.¹²

The aim of the study - Clinical and anatomical study of varicose vein and its management
Material And Methods

This prospective study was carried out over a period of 12 months from January 2017 to December 2017 in the Department of General Surgery at the Gajraraja Medical College, Gwalior, MP. Patients with varicose vein in lower limb were included in the study; were assessed on the basis of clinical and anatomical examination. Confirmed by venous Doppler. Classified on the basis of Clinico-Etiological-Anatomical-Pathological classification (CEAP Classification).

Observation

Fifty patients of varicose veins were included in our study, if disease is bilateral then both were evaluated differently. Hence in 50 patients total of 69 lower limbs were studied. 68% male, 32% females were included in the study. Age group which was mostly affected was 20-40 years. And least common in 60-80 years of age group. 31 cases have single limb while 19 patients have b/l presentation. 59% right lower limb while, 41% have left lower limb involvement. Complaint of the dilated, tortuous swelling (varicose veins) were present in all cases. Dull pain (58%), followed by non healing ulcer (22%) were 2nd and 3rd most common presentation. Night cramps was very uncommon. DVT (deep vein thrombosis) was presenting complication in the 11 cases (6 LLL, 5 RLL). Common DVT was of Common femoral (60%).

Family history was present in 3 patients. Major cause of disease appeared to be long standing hours. Most common type of severity in our study was class 2 (56%), and class 6 was 2nd most (32%) common severity class. Class 0, class 1 have zero patients, class 3 have 2% cases, class 4 and 5 have 6 and 4% cases. 78% had primary cause, 22 % have DVT as a cause (secondary etiology). None was congenital. This is in contrast to previous study. 17 cases have great saphenous vein above the knee, 43 have below the knee involvement of the great saphenous vein. Two cases have involvement of short saphenous vein, while 7 cases have both above and below knee GSV. This is in correlation with previous study.

Sphenofemoral junction was more affected than saphenopopliteal junction. Reflux was present in 58% cases as pathophysiology. While obstruction was present in 14%, while both were present in 2 cases. In our study sphenofemoral junction incompetence was present in about 50% cases. SPJ incompetence was present in 24% cases of leg ulcers. 62% cases have perforator incompetence and 32% have deep venous insufficiency. In the study out of 69 lower limb presentations, 32 were given conservative management and 37 limbs underwent surgical treatment. all patients were asymptomatic in one year followup period.

Discussion

In our study men were affected more than females. In our study it was found that middle age group was mostly affected. It is in comparable with previous study. In our study it was observed that the most common involvement was that of the common femoral vein, followed by popliteal and tibial veins it is in positive correlation with previous study. Use of soography with CEAP classification leads to good understanding of the anatomy of veins of lower limb.

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Conclusion

The C-E-A-P classification is a recent scoring system that stratifies venous disease based on clinical presentation, etiology, anatomy, and pathophysiology. This classification scheme is useful in helping to thoughtfully assess a limb afflicted with venous insufficiency and then arrive at an appropriate treatment plan. Patients with CEAP Class 4 or more will invariably be symptomatic and even if SFJ/SPJ are competent they should undergo surgical treatment specially to avoid any future ulceration.

References


