

Original Article

Assessment of cases of varicose veins

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ABSTRACT:

Background: Varicose veins are tortuous, widened veins in the subcutaneous tissues of the legs and are often easily visible. The present study assessed cases of varicose veins. **Materials & Methods:** 76 cases of varicose veins of both genders were assessed for venous clinical severity score [VCSS] and venous disability score [VDS]. **Results:** Out of 76 patients, males were 44 and females were 32. Side involved was left was 26, right side in 30 and both in 20 cases. Duration of hospital stay was 5-10 days in 32, 10-15 days in 36, 15-20 days in 8. VCSS was mild in 12, moderate in 22 and severe in 42 cases. VRS was mild in 24, moderate in 12 and severe in 40 patients. The difference was significant ($P < 0.05$).

Key words: Varicose veins, Venous disability score, venous clinical severity score

Received: 15 May, 2018

Accepted: 18 June, 2018

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This article may be cited as: Kumar P. Assessment of cases of varicose veins. J Adv Med Dent Scie Res 2018;6(7):192-194.

INTRODUCTION

Varicose veins are tortuous, widened veins in the subcutaneous tissues of the legs and are often easily visible.¹ Their valves are usually incompetent so that reflux of blood occurs, and the resulting venous hypertension can cause symptoms. Varicose veins are widely seen as medically unimportant and deserving low priority for treatment.² They are common, affecting nearly a third of adults in Western societies, and few people with varicose veins are ever harmed by them. However, they cause concern and distress on a large scale, most of which can be dealt with by good explanation and reassurance, or by a variety of treatments which are evolving rapidly at present. Patients can now be referred for more precise assessment and a greater range of therapeutic options than ever before.³

Venous reflux is a significant cause. Research has also shown the importance of pelvic vein reflux (PVR) in the development of varicose veins. Varicose veins in the legs could be due to ovarian vein reflux.⁴ Risk factors include obesity, not enough exercise, leg trauma, and a family history of the condition. They also occur more commonly in pregnancy.

Occasionally they result from chronic venous insufficiency. The underlying mechanism involves weak or damaged valves in the veins. Diagnosis is typically by examination and may be supported by ultrasound. In contrast spider veins involve the capillaries and are smaller.⁵ The present study assessed cases of varicose veins.

MATERIALS & METHODS

The present study consisted of 76 cases of varicose veins of both genders. All gave their written consent for the participation of the study.

Data such as name, age, gender etc. was recorded. Venous clinical severity score [VCSS] and venous disability score [VDS] were assessed by questionnaire and clinical examination. Colour Doppler examination was performed. All patients underwent surgery by the following methods such as Trendelenburg method, i.e. flush ligation of sapheno-femoral junction, subfascial ligation of perforators, segmental excision of varicosities, sapheno-popliteal ligation and split skin graft according to the clinical severity. Results thus obtained were assessed statistically. P value less than 0.05 was considered significant.

RESULTS

Table I Distribution of patients

Total- 76		
Gender	Male	Female
Number	44	32

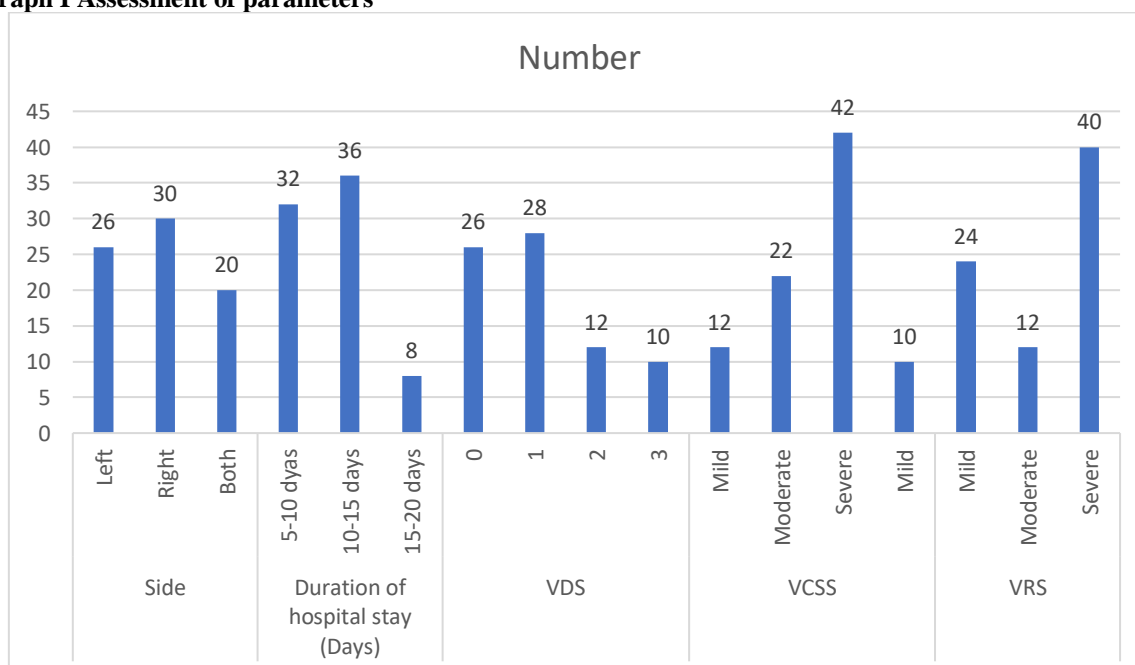
Table I shows that out of 76 patients, males were 44 and females were 32.

Table II Assessment of parameters

Parameters	Variables	Number	P value
Side	Left	26	0.81
	Right	30	
	Both	20	
Duration of hospital stay (Days)	5-10	32	0.92
	10-15	36	
	15-20	8	
VDS	0	26	0.01
	1	28	
	2	12	
	3	10	
VCSS	Mild	12	0.05
	Moderate	22	
	Severe	42	
	Mild	10	
VRS	Mild	24	0.03
	Moderate	12	
	Severe	40	

Table II, graph I shows that side involved was left was 26, right side in 30 and both in 20 cases. Duration of hospital stay was 5-10 days in 32, 10-15 days in 36, 15-20 days in 8. VCS was mild in 12, moderate in 22 and severe in 42 cases. VRS was mild in 24, moderate in 12 and severe in 40 patients. The difference was significant (P< 0.05).

Graph I Assessment of parameters



DISCUSSION

Varicose veins of the lower limbs is a common clinical condition. The term varicose is derived from the Latin word “varix” meaning bent and refers to dilated, tortuous and lengthened veins of lower limbs.

Varicose veins of lower limb occur due to loss of valvular efficiency, which is a product of the resultant venous hypertension in standing position. Most commonly occurs in females compared to males according to western studies.⁶

Varicose veins are very common, affected about 30% of people at some point in time. They become more common with age. Women are affected about twice as often as men. Varicose veins have been described throughout history and have been treated with surgery since at least A.D. 400.⁷ Traditionally, varicose veins were investigated using imaging techniques only if there was a suspicion of deep venous insufficiency, if they were recurrent, or if they involved the saphenopopliteal junction.⁸ This practice is now less widely accepted. People with varicose veins should now be investigated using lower limbs venous ultrasonography. The results from a randomised controlled trial on patients with and without routine ultrasound have shown a significant difference in recurrence rate and reoperation rate at 2 and 7 years of follow-up.⁹ The present study assessed cases of varicose veins.

We found that out of 76 patients, males were 44 and females were 32. Tuchsén F et al¹⁰ found that men working mostly in a standing position, the risk ratio for varicose veins was 1.85 in a comparison with all other men. The corresponding risk ratio for women was 2.63. Thus, working in a standing position is associated with subsequent hospitalization due to varicose veins for both men and women.

We found that side involved was left was 26, right side in 30 and both in 20 cases. Duration of hospital stay was 5-10 days in 32, 10-15 days in 36, 15-20 days in 8. VCSS was mild in 12, moderate in 22 and severe in 42 cases. VRS was mild in 24, moderate in 12 and severe in 40 patients. Vasquez CF et al¹¹ studied to identify the usefulness of VCSS system in varicose vein risk assessment and to evaluate the changes after varicose vein treatment in 68 patients. The study concluded that VCSS was useful in the above measurement.

For patients with symptomatic veins and substantial venous incompetence, surgery has been the optimal treatment for many years.¹² Inadequate assessment and operations done to mediocre standards gave varicose vein surgery a suspect reputation, but in recent years thorough treatment by interested specialists has become more widespread. Conventional surgery is saphenofemoral ligation (not just a "high tie" but ligation of the long saphenous vein flush with the femoral vein) with stripping of the long saphenous vein and phlebectomies (stripping is supported by evidence from randomised controlled trials).¹³ Precise technique varies, mostly with the aim of reducing postoperative bruising. Patients with obese legs or big varicose veins may have considerable post-operative bruising, but many patients have little discomfort and recover quickly, requiring no further intervention and being completely rid of all their varicose veins.¹⁴

CONCLUSION

Authors found that maximum cases of varicose veins were seen in women and maximum patients had VCSS score moderate and VRS was severe.

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