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Clinical Study of Varicose Veins

[1]Dr Vivek Saini, Assistant Professor, Department of General Surgery, ESIC Medical College, Alwar

[2]Dr Rakesh Rathore, Assistant Professor, Department of General Surgery, Dr SN Medical College, Jodhpur

[3]Dr Pawan Kumar, Senior Resident, Department of General Surgery, J. L. N. Medical College, Ajmer

Corresponding Author: Dr Vivek Saini, Assistant Professor, Department of General Surgery, ESIC Medical College, Alwar

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Abstract

Background: The aim of the present study was to study the clinical profile of varicose veins.

Methods: Cases fulfilling the inclusion criteria were clinically examined and duplex ultrasound colour Doppler was performed for diagnosing the varicose veins and findings of site of incompetence was noted. All the cases were operated and followed up for six months period. The results were tabulated and analyzed in Microsoft Excel for any corrections.

Results: Eighty cases with 87.00% males and 13.00% females with mean age of 42.36± 10.23 years and majority patients were in 41 to 50 years group. 62.00% of cases had varices in right limb and long saphenous vein was involved in 52.00% of cases.90.00% had dilated veins.

Conclusions: In the present study, varicose veins are commonly seen in males, maximum in the age group of 40 to 50 years. Most common presenting symptom is visible dilated veins over lower limb. Most commonly venous system involved is great saphenous vein system

Keywords: Varicose veins, Colour Doppler, Long saphenous vein

Introduction

Varicose veins refer to any dilated, tortous, elongated vein of any caliber. The term varicose veins is, in the common parlance, a term that encompasses a spectrum of venous dilation that ranges from minor telangiectasia to severe dilated veins. Telangiectasias are intra dermal varicosities that are small and tend to be cosmetically unappealing but not symptomatic.[1]

Reticular veins are subcutaneous dilated veins that enter the tributaries of the main axial or trunk veins. Varicose veins of lower limbs are the penalty, man has to pay for his erect posture. They are associated with high morbidity even though mortality may not be significant. Twenty percent of the population suffer from varicose veins. High rate of recurrence after surgery, difficulty in surgery warranty thorough clinical examination, complete investigation and optimal treatment.[2]

Material and methods

This prospective study was conducted on 100 patients having primary varicose veins were selected randomly. All cases of varicose veins presenting to the OPD were subjected to duplex scan to rule out secondary causes.

Patients admitted with varicose vein who satisfied the inclusion and exclusion criteria were included in the study. All the required data was collected from patients during their stay in the hospital, during follow up at regular intervals and from medical records.

Inclusion criteria

All patients clinically diagnosed of symptomatic or complicated primary lower limb varicose veins with saphenofemoral and/or saphenopopliteal incompetence with or without perforator incompetence. Exclusion criteria

- Patients presenting with recurrent varicose veins
- Patients with concurrent deep venous thrombosis.
- Patients having secondary varicosities.
- Patients less than 18 years of age.
- Patients not fit for surgery

All 100 patients were inpatients in the surgical ward, their history was taken, symptoms and signs recorded followed by general and local examination. Secondary causes were ruled out using the duplex scan. Cases with complications were initially treated conservatively in order to improve the associated complications like ulcers eczema and dermatitis and later subjected to operative treatment. Patients who presented with bilateral varicose veins with symptoms in one leg got their symptomatic limb operated on first. No bilateral surgeries were performed. Surgeries were performed based on the site of incompetence.

Results

Variable		
Demographic profile	Age	42.36± 10.23 years
	Male : female	87:13
Side affected (Right : Left : Bilateral)		62:24:14
Venous (long saphenous: short saphenous : Both)		52:28:20
Family history		21(42.00%)
Pain		22(44.00%)
Dilated vein		45 (90.00%)
Edema of limb		12(24.00%)
Ulcerations		10(20.00%)
Pigmentation		8(16.00%)

Discussion

A varicose vein is one of the common clinical disorders encountered by the surgeons in regular practice. This is a silent disease which develops in early life and assumes a silent course in the life time. This condition is not associated with mortality but with high morbidity and associated complications due to development of venous hypertension. [3]

Male predominance with 87.00% of males in our study was observed which is similar to the findings of many Indian studies, but studies conducted in western countries report female dominance which is due to the scenario that females in india are not exposed to high risk of work which involve prolonged standing and physical stress due to cultural and socioeconomic conditions.[4]

In the present study, majority of the cases were in the age group of 41 to 50 years with a mean age of 42.36± 10.23 years years which is on par with the findings in the study of Mishra et al from india and McGuckin et al.[5,6]

As most of the studies universally reported, dilated veins was the most common symptom in our study also with 90.00% of cases as compared to Rudofsky et al with 90% and Shankar et al with 94% in their studies.[7,8]

Conclusion

In the present study, varicose veins are commonly seen in males, maximum in the age group of 40 to 50 years. Most common presenting symptom is visible dilated veins over

lower limb. Most commonly venous system involved is great saphenous vein system.

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