

woman = ↑ Risk
↑ Risk =

History

You are asked to see a 47-year-old hairdresser in the vascular clinic. She has been complaining of pain in the right leg on prolonged standing and has noticed unsightly, distended veins in that leg for the past 2 years. For the past 3 months she has also had itching of the skin just below the knee with a red patch in that area. She is currently on treatment for hypertension with no other past history of note. She has two children.

Examination

long saphenous

A distended vein can be felt in the medial aspect of the mid-thigh running down to the knee. There are numerous varicosities around and below the knee. There is an erythematous patch of skin approximately 3 cm in diameter overlying one of the below-knee varicosities. A thrill is palpable at the sapheno-femoral junction when the patient coughs. Foot pulses are strongly palpable.

Questions

- What is the most likely diagnosis?
- What information would the Trendelenburg test provide?
- What is the significance of the erythematous patch of skin?
- What imaging studies would you consider?
- What are the possible complications if left untreated?

varicose veins

A) THE MOST LIKELY DIAGNOSIS

- Varicose veins in the distribution of the long saphenous vein
≠ common especially in women.

≠ Hairdresser → prolonged standing,
increasing the hydrostatic pressure

Secondary
valve
incompetence

within the superficial
venous system

distension of
the veins



B) THE TRENDLENBURG TEST

~ used to differentiate between superficial & deep venous
systems

① it can confirm superficial, as opposed
to deep venous incompetence.

② identify the point of incompetence
along the superficial venous system

• Technique →

① The leg is elevated to collapse all the veins
and pressure is applied on the long saphenous vein
just below the saphenofemoral junction.

② The patient stands up, and if the distal varicosities remain empty \rightarrow the point of reflux from deep to superficial system has been identified.

• If the varicosities re-fill \rightarrow then the procedure is repeated, applying the pressure at a lower point until the point of reflux is identified.



21 SIGNIFICANCE OF THE ERYTHEMATOUS PATCH

• The itchy erythematous patch represents (varicose eczema) aka venous eczema and it is an indication for operative management.

D) IMAGING STUDIES

≠ Imaging can identify sites of reflux & obstruction
within both the superficial & deep venous systems

① Duplex USS

- The standard diagnostic modality

Others ↘

② contrast varicography / venography

③ MRV



E) POSSIBLE COMPLICATIONS if left untreated

① Pain

② pedal edema

③ Eczema — venous / varicose eczema.

④ Bleeding

⑤ skin ulceration — venous
ulcer

→ can be complicated by

- ① Impetiginisation
- ② Cellulitis
- ③ Secondary eczema
- ④ Contact allergy