

1] What is the definition of an ulcer?

- it's discontinuity of an epithelial surface "in skin or M.M"

2] What are the causes of ulceration?

- Venous → VU
- Arterial → ischemic ulcer
- Mixed Venous/arterial
- Diabetic → aetiology: neuropathic, arterial or mixed
- Rheumatoid
- Scleroderma
- Sickle cell
- Syphilitic
- Pyoderma gangrenosum
- TB
- Neoplastic: Marjolin Ulcer

3] What else should be included in examination & inx of L.L. Ulceration?

- During examination, peripheral pulses should be palpated & Doppler pressures obtained.
- Investigations include full blood count & electrolyte sedimentation rate, autoantibodies (if there is possibility of rheumatoid vasculitis) & blood glucose level.

4) What does the management of Venous Ulcer involve?

- The mainstay of treatment for Venous Ulcer is calf Pump Compression using multi-layered ~~band~~ bandages applied to the lower leg. The ulcer is inspected weekly to ensure that it is healing & bandages are re-applied. An ulcer that fails to heal in these measures may ~~not~~ benefit from surgical debridement & application of mesh skin graft.
- Malignant transformation (Marjolin Ulcer) can develop in long standing, non-healing ulcer.

5) How should the patient be managed once the ulcer healed?

- Once the ulcer has healed the superficial & deep veins of leg should be assessed using duplex Doppler scan. Saphenous vein surgery should be considered if there is reflux of saphenous-femoral or saphenous-popliteal reflux in ~~patient~~ Patent deep veins. This can prevent recurrences. Patients who do not undergo surgery should wear graduated elastic support stockings to prevent recurrence.

1) What is the most likely diagnosis?

- This patient has varicose veins in the distribution of long saphenous vein. Common condition that is more common in women. Working hairdresser involves prolonged standing, which  $\uparrow$  venous hydrostatic pressure leading to distension of the veins & secondary valve incompetence within superficial venous system.

2) What information would the Trendelenburg test provide?

- The Trendelenburg test can confirm superficial as opposed to deep-vein incompetence & identify the point of incompetence along superficial system. The leg is elevated to collapse all the veins & pressure is applied on the long saphenous vein just below saphenofemoral junction. The pt then stands up & if the distal varicosities remain empty the point of reflux from the deep to the superficial system has been identified. If the varicosities fill, then the procedure is repeated, the time applying the pressure at lower points until point of reflux is identified.

3) What is the significance of the erythematous patch of skin?

- it represents varicose eczema & indication for operative intervention.

47. What imaging studies would you consider?

- Duplex USS
- Contrast Venography/Venography
- MRI

51. What are the possible complications if left untreated?

- Pain
- Leg Swelling
- Bleeding
- Eczema
- Skin Ulceration