

Primary and secondary vein towns

A more common type of varicose veins. A certain degree of enlargement of DK veins is seen in half of adult men and 2/3 of women. A more severe degree of the disease occurs in up to 20% of the population. The genetic background of congenital weakening of the vein wall and immobility of the venous valves has a great influence. The effect of progesterone is also involved. Another important factor in the pathogenesis is **insufficiency of the valves** in the connections between the deep and superficial system', **which leads to the pushing of blood from the deep to the surface** during the action of the muscle pump.

Primary varices

- Panicle varices;

Grades of Varicose Veins

'Vein towns **or** varicose DK are classically divided into:

Pathogenesis

- reticular (influence of smaller veins);

This is the expansion of superficial veins or veins of the superficial venous system of the lower extremities. It is one of the most common diseases in industrialized countries. It is reported that by the age of fifty, half of the population already has some form of venous insufficiency.

- stem (impairment directly in saphena magna and/or parva).

1. **secondary** (postthrombotic).
2. **primary** (idiopathic) a

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Diagnosis

Small phlebectasies can be treated with injections of a "sclerosing solution" followed by a compression bandage. A physical examination will determine the extent of the varicosities. Propagation of the pressure wave induced by tapping on the varices distally indicates valvular insufficiency. By palpation it is possible to detect enlarged openings in the fascia through which insufficient perforators pass. An additional factor for the occurrence can be **increased intra-abdominal pressure, work while standing, sitting**. Congestion occurs in the venous system, resulting in capillary proliferation, increased permeability of the vascular wall and, subsequently, leakage of substances into the interstitium (fibrinogen). If the entire saphena is relatively healthy and smaller branches are extended, we remove them through small incisions. Classic tests - Perthes's and Trendelenburg's - are no longer used, instead diagnostics using **USG**.

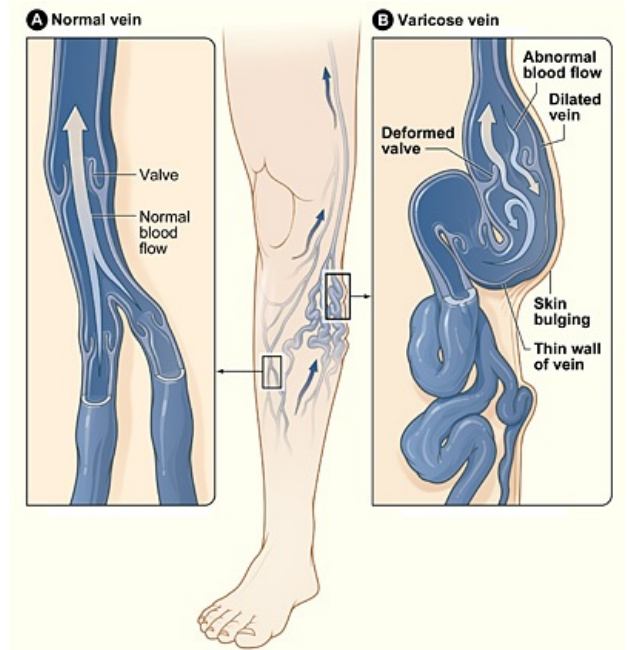
Clinical picture

A classic procedure for affecting the saphenous trunk - Babcock's operation (*stripping*). It consists in the careful dissection of the place where the saphena magna enters the femoral vein in the "fossa ovalis" in the groin. At this point, we ligate all venous tributaries (v. circumflexa ilium spf., v. epigastrica spf., vv. pudendae ext.) and cross the trunk at the outlet. Then we dissect the saphenous vein in front of the inner ankle and insert the endostripor. We pass the wire through the saphenous vein. At the end, it has an extension on which the entire saphena is inserted when the wire is pulled through the channel.

Therapy

The main complications of varicose veins include **thrombophlebitis**' and **rupture of varix**. At first, varicose veins are just a cosmetic problem. Then there are typical problems - **feeling of heaviness or tension in the limbs' (especially in the evening, in the heat)**, night cramps, **burning or itching of the skin** .]), **eczema' to leg ulcers**. Machine Translated by Google

Secondary varices



Dk diagram of varicose veins



Ulceration on the back of the leg

File:Varixes.jpg

Varixes on the right lower limb

- Femoral vein closure – sapheno-popliteal bypass.
- Venopharmaka

Links

Pathogenesis

Mainly conservative - **positioning, bandaging, skin care**. In the case of a leg ulcer, it is good to ligate the supply vein and cover the ulcer with skin grafts. Both saphenous veins are often used for bypasses, so this operation is indicated judiciously. We always try to ligate insufficient perforators.

- Pelvic vein closure – cross-over saphenous-femoral bypass.

They tend to be smaller and more dispersed. Skin changes, eczema, skin atrophy with pigmentation and '*leg ulcer*' occur more quickly. To determine the extent, phlebography is also done in addition to '*USG*'.

- Perthes' test

Therapy

- Trendelenburgöv test

Related Articles

Consequence of Deep Vein Thrombosis. Hypertension in the superficial venous system during deep vein occlusion. Alternatively, as a result of post-thrombotic syndrome – damage to the valves of the deep veins during recanalization thrombosis.

- Chronic venous insufficiency

Clinical picture

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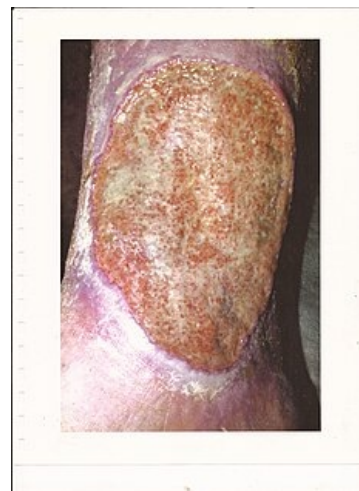
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leg ulcer

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