

# CASE 1

سادة حنظل بونس 1258  
Group A2

\* WHAT IS MOST LIKELY DIAGNOSIS?

VARICOSE VEINS ON HER RIGHT LEG CAUSING ECZEMA  
↑ ALONG THE LONG SAPHENOUS VEIN

\* WHAT INFORMATION WOULD THE TREDENBURG TEST PROVIDE?

TO DETERMINE THE SITE OF VALVULAR INCOMPETENCE IN THAT PT'S LEG. + SUPERFICIAL

\* WHAT IS THE SIGNIFICANCE OF THE ERYTHEMATOUS PATCH OF SKIN?

IT'S CALLED VENOUS STASIS DERMATITIS

DUE TO LEAKAGE OF BLOOD THROUGH DAMAGED VESSELS → NOT ENOUGH O<sub>2</sub>  
WILL REACH THE SKIN → SKIN BECOMES ITCHY. ALSO DUE TO DEPOSITION  
OF HEMOSIDERIN. (INDICATION FOR OPERATIVE INTERVENTION)

\* WHAT IMAGING STUDY WOULD YOU CONSIDER?

DOPLEX USS → TO IDENTIFY AREAS OF OBSTRUCTION AND REFLUX.

\* WHAT ARE THE POSSIBLE COMPLICATIONS IF LEFT UNTREATED?

DEVELOPMENT OF ULCER.

## CASE 2

\* WHAT IS THE DEFINITION OF ULCER?

LOSS OF CONTINUITY OF EPITHELIAL SURFACE

\* CAUSES OF ULCERATION?

1. VENOUS
2. ARTERIAL
3. MIXED
4. DIABETIC → NEUROPATHIC / ARTERIAL OR MIXTURE
5. RHEUMATOID
6. SCLERODERMA
7. SICKLE CELL
8. SYPHILITIC
9. PYODERM GANGRENOUM.

\* WHAT ELSE SHOULD BE INCLUDED IN EXAM. AND EXX OF LOWER LIMB ULCER?

- PULSES AND DOPPLER PRESSURES
- NEUROLOGICAL EXAMINATION
- LYMPH NODES
- IN VX CBC  
ESR  
ANTIBODIES  
BLOOD SUGAR

\* WHAT DOES THE MANAGEMENT OF VENOUS ULCER INCLUDE?

- CALF PUMP COMPRESSION OF LOWER LEG → IF FAILED TO HEAL INSPECTED WEEKLY

SURGICAL DEBRIMENT AND GRAFT

\* HOW SHOULD THE PT BE MANAGED ONCE ULCER HAS HEALED?

- 1 DOPLEX USCA → TO ASSESS SUPERFICIAL AND DEEP SYSTEMS.
- 2 SHAPHENOUS VEIN SURGERY IF THERE'S 1 SAPHENOUS FEMORAL OR SAPHENOUS POP. REFLUX AND 2 DEEP SYSTEM B.S PATENT.
- 3 IF PT DIDN'T DO SURGERY → THEY SHOULD WEAR GRADUATED ELASTIC SUPPORT STOCKING.