

(Varicose veins)

Cause senario

Q<sub>1</sub> What is the most likely diagnosis?

Varicose vein in the distribution of long saphenous vein  
common condition → more common in women

Prolonged standing, which ↑ venous hydrostatic pressure leading to distension of the veins and secondary valve incompetence within the superficial venous system.

Q<sub>2</sub> What information would the Trendelenburg test provide?

Can confirm superficial as opposed to deep vein incompetence and identify the point of incompetence along the superficial system, the leg is elevated to collapse all the veins and pressure is applied on long saphenous vein just below supra femoral junction, the patient then stand up and if the distal vein varicosities remain empty the point of Reflux from the deep to superficial system has been identified if the varicosities fill, then the procedure is repeated, this time applying the pressure at lower point until the point of Reflux is identified.

Q<sub>3</sub> What's the significance of the erythematous patch of skin?

The itchy erythematous represents varicose eczema and is an indication for operative intervention.



Q<sub>4</sub> what imaging studies would you consider?

<sup>Imaging</sup> identifies all areas of Reflux and obstruction within the superficial and deep venous system, Duplex USS is now the standard imaging modality for the purpose alternatives include contrast venography, phlebography and MRI

Q<sub>5</sub> what complications if left untreated?

Pain → leg swelling → bleeding → eczema → skin ulcers