

Venous diseases

Varicose veins	Chronic venous insufficiency	DVT
Dilated tortuous incompetent veins (>3mm)	Chronic complication of venous diseases	Formation of one or more clot in a deep vein typically of the lower extremities
Risk factors that leads to elevate venous pressure > incompetence of venous valve > reflux of blood into superficial veins > varicose veins	Varicose veins > venous hypotension > extravasation of protein and leukocytes > release of free radical > damage of basement membrane > edema > reduction of oxygen supply and hypoxia > inflammation and atrophy > ulcer formation	Virchow triad 1-Venous stasis 2-Hypercoagulability 3-Endothelial damage
Risk factors : Female gender Obesity Pregnancy Family history Long standing occupation Pelvic obstruction	Risk factors : Same as varicose veins	Risk factors : Immobility Long surgeries Travelling Pregnancy Obesity Malignancy OCPs Thrombophilia SLE & antiphospholipid syndrome Trauma HTN

		Smoking
Clinical features : Asymptomatic Pain , edema , burning sensation , itching , restless legs , yellow brown or red brown skin discoloration	Clinical features : Edema , hyperpigmentation mainly at the gaiter area , lipodermatosclerosis , atrophie blanche , varicose eczema Pain Skin ulcers Cellulitis	Clinical features : Pain , swelling, warmth ,erythema usually unilateral (but can be bilateral) PE symptoms : hemoptysis , SOB , pleuritic chest pain
Diagnosis by duplex US CT or MR venography if US duplex is inconclusive		Diagnosis -Hx and Px -D dimer test (>500ng/ml) , sensitive but not specific -Doppler US -CT angiogram in patient with PE symptoms
Complications Bleeding Ulcers Phlebitis		Complications PE Post thrombotic syndrome Septic thrombophlebitis Venous gangrene
Treatment Conservative treatment Avoid long standing	Treatment 1-keep skin healthy by monitoring and avoid skin damage	Treatment 1-anticoagulation 1 st 2 days > heparin

<p>Elevation of the limb Waring compressing stocking , weight loss</p> <p>Sclerotherapy</p> <p>Surgery : -Conventional by ligation of incompetent valve -Endovenous thermal ablation : laser or radiofrequency ablation</p>	<p>Using topical steroids with eczema or lipdermatosclesrosis flares</p> <p>2- improve venous damage Avoid long standing Elevation of the limb Waring compressing stocking</p> <p>3-manage complications Antibiotics for infections Analgesia for pain Wound care for ulcerations</p>	<p>2nd 2 days > heparin and warfarin Then only warfarin for 3-6 month then follow up</p> <p>2-inferior vena cava filter , in pt with high risk for PE , or cannot take anticoagulant</p> <p>3- in unprovoked DVT , check for cancer , antiphospholipid syndrome , and hereditary thrombophilia only if the 1st relative is affected</p>
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Good luck