

Research Article

A Case Report on Varicose Veins with Venous Ulcers

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ABSTRACT

Venous ulceration is the most common cause due to chronic venous insufficiency in the lower limbs which accounts for 80 percent of lower extremity ulceration. Sustained raise of the pressure in the veins leads to venous hypertension which causes venous ulceration by venous insufficiency. In this case the patient having multiple swellings over the left lower limb and wound over the dorsum of foot in front of the ankle due to trauma. It is insidious in onset gradually progressed and attained the present size with filiform projections. The patients with diabetes are having a high risk of developing this venous ulcers and the diagnosis is mainly based on clinical examination like Doppler ultrasound investigation. The tissue get infected with microbes on the surface of the veins and causing ulcers over that area. To prevent that infection and ulcers the patient was treated with systemic antibiotics and skin debridement therapy The main goal of treatment is to improve the ulcer healing, and prevent recurrence The achievement of good long-term results depends on continuous care, patient counselling, hygienic conditions, proper diet maintenance and regular evaluation by the doctor.

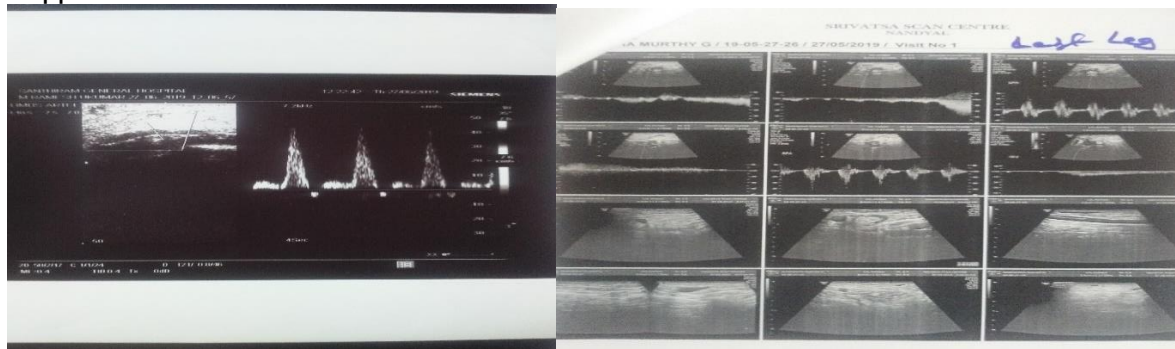
Keywords: Venous ulceration, Venous hypertension, Antibiotic therapy, Ulcer healing, Non pharmacological therapy.

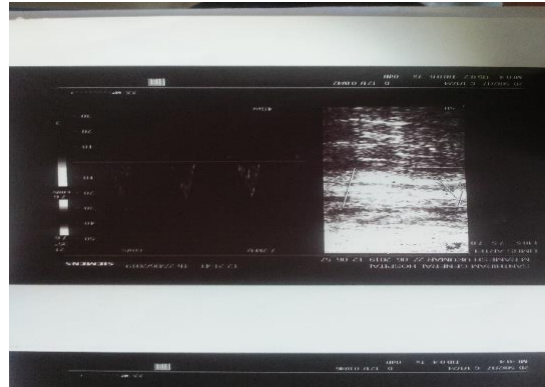
INTRODUCTION

Venous ulcers are the wounds which occur due to improper functioning of venous valves usually of the legs, in many cases this condition starts mainly due to trauma.[1] Damaged venous valves prevent the backflow of blood and causing pressure in the veins. Hence an arterial pressure reduces significantly than venous pressure therefore, blood is not pumped as effectively into that area.[2]. venous ulcer usually not heal without any expert advice and the treatment mainly in this patients with diabetes plays as major risk factor. [3] Without regular dressings and proper cleanings the ulcers spread quickly and they are very painful which may limit the mobility and quality of life. The patients

with longer duration of venous ulcers, may damage the skin greatly and difficulty in healing. Venous ulcer is the commonest ulcer of the leg in patient with varicose veins. It is also called gravitational ulcer. Precipitating factors are venous stasis and tissue anoxia. [4] The basic cause of varicose ulcer is abnormal venous hypertension in lower third of the leg, ankle and dorsum of the foot. Typically, ulcers are situated just above the medial malleolus, oval and superficial, with pigmentation all around. The patient with other comorbidities like diabetes is a risk factor because it makes delay in healing of the wounds or ulcers and also made pathophysiological changes in the venous blood flow. [5]

Doppler test





Case Report

55-year-old male patient presented with the complaint of multiple swellings over the left lower limb since 1 year and wound over the dorsum of foot in front of ankle in the past 5 months. The patient complains a small swelling over the medial aspect of the left leg later gradually progressed and attained the present size was insidious onset. The wound over the upper part of the dorsum of left foot was insidious in onset, gradually progressed and attained the present size. History of pigmentation around the wound and patient was diabetic since 5 years. These wounds were not healing in spite of patient was diabetic. For the past 2 year the patient had been suffering from varicose veins of the affected limb and had a history of repeated ulcerations over the same area from the past 1 year. By his profession, he was habituated to standing for 10-12 hours per day for the past 20 years. There was history of associated chronic

illnesses like Diabetes mellitus and tuberculosis. On examination, of left lower limb there was a growth over dorsum of left foot in the last 6 months, and ulcers present prior to the onset of lesions, single varicose growth [plaque] of size 5 into 5cm present over dorsum of left foot with filiform projections. And swelling and blackish discoloration around left ankle joint and feet, with severe tenderness around the ulcer site. Varicosity of the left lower limb tested positive. The systemic antibiotic therapy followed for 3 weeks such as ceftriaxone and amikacin given to the patient and debridement has done. As the patient was diabetic the proper care was taken in cleaning and dressing after debridement and better healing was observed within 3 weeks only and due to the maintainance of proper diet and hygienic conditions and regular usage of rational medications leads to the good recovery of the patient.

Before treatment



DISCUSSION

The patient with various veins affected with a trauma on the same lower limb leads to venous ulcers (stasis ulcers, varicose ulcers) are wounds that occur due to inappropriate function of venous valves, specifically of the lower limbs, in this patient on left lower limb. The damaged venous valves prevent the backflow of blood, which causes pressure in veins that leads to tension and this results in venous ulcers. [6] Treating varicose ulcer

is a difficult task to the physician in this case because the patient was past diabetic also. The ulceration mainly depends on pathophysiological abnormalities, anatomical changes & environmental influences. In this study we observed increased blood pressure that is caused by the venous ulcer and we observed that the patient was past diabetic so this acts as risk factor for venous ulcers in this patient. Mainly venous valves exist to prevent the back flow of blood and this leads to

raising the pressure in veins to increase blood pressure[7,8,] where the other diseased conditions(Diabetes in this patient) may also be the root cause of venous ulcers.[9] The patient had growth over dorsum of left foot in the last 6 months, and ulcers present prior to the onset of lesions, single varicose growth [plaque] of size 5 into 5cm present over dorsum of left foot with filiform projections. And swelling and blackish discoloration around left ankle joint and feet, with severe tenderness around the ulcer site. Varicosity of the left lower limb tested positive, here the large necrotic infected sites on the surface of the left lower limb at the hip of the ankle region debrided and the systemic antibiotic therapy was provided for the extensive wound healing. [10]

In our study we used Antibiotics like Ceftriaxone and Amikacin to prevent prior infection. Metformin was provided to treat diabetes. Silver containing dressing was provided without any exposure to the contaminants where it increases the probability of healing for venous leg ulcers [11] with this combination completely cured the site of infection within 1 month of the follow up of the study. And mainly in this case along with the pharmacological treatment the non-pharmacological treatment like proper cleaning and dressing of the wound and proper hygienic conditions maintained and proper diet control plays a major role to control blood sugar levels and also proper protein diet should be taken for proper healing of the wound after debridement.

After treatment



CONCLUSION

In this clinical study it was proved that treatment of venous ulcer is cured by debridement and systemic antibiotic therapy which plays a vast role to heal the wound in a short span of time, and by this case it was proved that both pharmacological and non-pharmacological therapy plays a major role for better outcome of a patient.

The results confirmed that patient got cured by the treatment and counselling which was conducted in our tertiary care teaching hospital.

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