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CHRONIC DISEASES OF THE VENOUS SYSTEM – AS MORPHOLOGICAL AND FUNCTIONAL DISTURBANCE OF THE VENOUS SYSTEM

Abstract

Our goal in this study is to provide quantitative and qualitative data for proper treatment planning in patients with multiple cutaneous computerized tomographic angiography with peripheral artery disease, to detect the spread of peripheral artery disease in the lower extremities, and to detect the density and types of collateral pathways in aortoiliac occlusive diseases.

Keywords: *chronic disease of the venom, surrounding arteries, peripheral, arterial disease*

Introduction

Chronic diseases of the Venus– all morphological and functional disorders of the venous system. The main nozological forms of Chronic diseases of the Venus are considered to be varicose veins of the lower extremities, postthrombotic syndrome (disease) of the lower extremities, and angiodysplasia (flebodysplasia). Frequent telegeniectasis in adults is not considered a disease (Clinical Protocol for diagnosis and treatment of Chronic Disorders of the Lower Extremities, 2013: 7-14).

Varicose veins disease (VX) is a disease characterized by a primary varicose veins transformation of the superficial veneers. Postthrombotic syndrome (PTS) (disease) is a disease caused by organic damage to the deep veneers caused by an incurable thrombosis (Clinical protocol for Diagnosis and treatment of chronic disorders of the lower extremity veneers, 2013: 7-14).

The KEAP classification is used practically around the world in the classification and diagnosis of chronic venous disorders (American Venous Forum, 1995).

Types of diagnostic examinations when examining a patient who is considered to have a chronic disease of venous:

1. Setting the fact that there is a chronic disease of venous
2. Determination of Nosological Variation of a chronic disease of venous
3. Determination of treatment strategy: the need to use surgical methods in the correction of the disease or restriction on conservative methods
4. Identification of treatment tactics: which treatment methodology (or combination of them) to apply
5. Objective evaluation of the effectiveness of the treatment.

The following diagnostic methods are used to address the above issues of Venus' chronic diseases:

- Clinical examination (review, palpation, complaints, collection of anamnesis)
- Ultrasound dopplerography
- Ultrasound angioscanning

Clinical examinations involve targeted collection of patient complaints and anamnesthetic information, and visual assessment of disease manifestations. Relative specific complaints for chronic venous insufficiency include:

- Pain in calf muscles (mass, sprains)
- Weight in calf muscles
- Feet fatigue (reduced tolerance to static overload)
- Strap, side.

These complaints can be quite variable, usually with the following law:

- complaints are strengthened during inadequate activity of the calf muscle pump (long-term "sitting" or "standing" condition) or towards the end of the day;
- regresses during the calf muscle activity, after resting in a horizontal position, or during the use of medical compression products.
- there may be changes in the intensity of venous insufficiency in the month and season;
- in young and middle-aged women, complaints may intensify before menstruation.

Peripheral arterial disease of the lower extremity arteries is a high, chronic, and progressive disease (Benhamou, 2008:193- 219). In the development of Peripheral Arterial Disease smoking, hypercholesterolemia, hypertension, and diabetes are major risk factors (Hertzer NR. 1991:83(2): 112-119; Meijer, Grobbee, Hunink, Hofman, Hoes, 2000:160 (19): 2934-2938; Norgren, Hiatt, Dormandy, Nehler, Harris, Fowkes, 2007; Rulon, Hardman, Jorge, Lopera, Rex, Cardan, Clayton, Trimmer and Shellie, 2011: 197).

Material and methods.

Atherosclerotic vertebrae (n= 3846), assessed by the length of the vial; 1322 vial (% 34.4) <1 cm, 1147 vial (%29.8) 1-3 cm, 297 vial (%7.7) 3-5 cm, 254 vial (%6.6) 5-10 cm and 826 vial (%21.5) >10 cm were seen.

Viewed by age groups (n= 7090), atherosclerosis detected segment count(n= 3846) and frequency of seizure at segment base; 20-45years (n=373) in 129 segments (% 34.6), 46-60 years (n=2006) in 860 segments (% 42.9), 61-75 years (n=3389) in 1950 segments (%57.5), and >76 years (n=1322) in 907 segments (% 68.6) were observed. Statistically significant correlation between age groups and atherosclerosis detected segment density ($p<0.01$) and positive correlation of „multiple zeros " was detected. ($r=0.201$, $p<0.01$) (Table 1).

Table 1. Atherosclerosis detected segment number distribution by age groups

		atherosclerosis. yes.no		Total S.A.
		no atherosclerosis	has atherosclerosis	
30-45 years old	244 65.4%	129 34.6%		373 100%
46-60 years old	1146 57.1%	860 42.9%		(2006) 100%
61-75 years old	1439 42.5%	1950 57.5%		3389 100%
>76	415 31.4%	907 68.6%		1322 100%
Total S.A.	3244 45.8%	3846 54.2%		7090 100%

When cases constituting the study group (n=250) were evaluated by gender (Ariv, Elhan, 87-100, Zwiebel, Pellerit: 268); the study group consisted of 83% men (n=208) and 17% women (n=42). In this context, the frequency of Peripheral Arterial Disease (PAD) occurrence in the study group was statistically higher in men than in women. ($p<0.05$).

PAD detected segment (n= 3846) was identified as segment withholding percentage; % 51.2 in females (n=644) and % 54.9 in males (n=3202) when looked at distribution of frequency by gender. According to these results, we concluded that the frequency of atherosclerosis detection in men is statistically higher than in women ($p=0.017$) (2).

Table 2. Distributions of PAD detection segment frequency by gender

		atherosclerosis. yes.no		Totals
		no atherosclerosis	has atherosclerosis	
Gender	Man	2630 45.1%	3202 54.9%	5832 100%
	Female	614 48.8%	644 51.2%	1258 100%
	Totals	3244 45.8%	3846 54.2%	7090 100%

In thePAD detected segments (n= 3846), the relationship between occlusion and gender was detected in a total of 253 segments (% 39.3). In females, the frequency of occlusion in PAD detected segments (% 39.3) was higher statistically than that of males (%29.6.) ($p<0.01$). According to these results, we concluded that PADs " have a more occlusive progression in female patients . In PAD detection segments (n= 3846) looked at the relationship between plasmid morphology and gender; in males (n=3202) 1562 plasmids (% 48.8) were seen as calcified, 1640 plasmids were calcified (% 51.2); in females (n=644) 407 plasmids (% 63.2) -calified, 237 (% 36.8) plasmids were calcified. The statistically significant difference in genital ratios with plaque morphology was significant ($p<0.01$). According to these results, it was concluded that females had statistically higher percentages (63.2%) than males (48.8%) (Wilhelm Schaberle, Yurdakul, Tola, Özdemir, Bayazit, Cumhur, 2006: (43) 707-713; Kim, Won, Park, Lee, 2003: 4: 179-183).

Conclusion

PAD was observed in males (n=3202) 1126 plastics (%35.2) <1 cm, 969 plastics (% 30.3) 1-3 cm, 256 plastics (% 8) 3-5 cm, 205 plastics (% 6.4) 5-10 cm, 646 plastics (% 20.2) >10 cm; in females 196 plastics (% 30.4) <1 cm, 178 plastics (% 27.6) 1-3 cm, 41 plastics (% 6.4) 3-5 cm, 49 plastics (% 7.6) 5-10 cm, 180 plastics (%28) >10 cm when viewed at the plum length distribution by gender in the detected segments (n = 3846). It was found that the distribution of the length of the atherosclerotic vial by gender showed statistically significant diversity ($p<0.01$). For these results, men had a statistically higher frequency of <1 cm (%35.2) compared to women (%30.4) ($p<0.01$). A(%28) percent with men (% 20.2) was found to be statistically significant higher ($p<0.01$).

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