

Case 27 A complication of varicose veins



Figure 27.1

This patient is a brick-layer aged 55 years. He has had varicose veins on both his legs, left worse than right, for many years. They have gradually become more noticeable, but as they did not interfere with his heavy work, he never bothered about them. However, in the past few days the veins in his left thigh have become hard and painful and he noticed that the overlying skin had become very red (Fig. 27.1).

What complication of his varicose veins has taken place in his left thigh?

Acute phlebitis. The stagnant column of blood in the

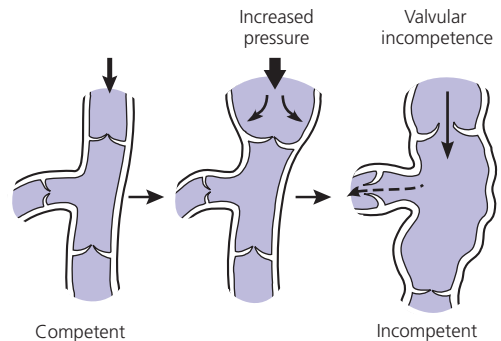


Figure 27.2 Normal veins and incompetent varicose veins. Note the vein dilates under pressure and the valve becomes incompetent.

varices has clotted and set up a sterile inflammatory reaction.

How should this complication be treated?

Bed rest and elevation of the leg – the foot higher than the knee, the knee higher than the thigh. Antibiotics are rarely indicated as this is a sterile inflammatory process in the great majority of cases.

If you see a teenager with varicose veins, what would you usually find in the family history?

There is usually a story that one or both parents and often siblings and other family members are also affected. This presumably means that there is a congenital predilection for a defect in the valves, the basis of the development of varices (Fig. 27.2).

This patient has a particularly large bulge at the saphenous termination at his groin. What is this called, and how would you confirm the diagnosis?

A saphena varix. This swelling is often misdiagnosed as a femoral hernia, but there should be no difficulty in making the correct diagnosis. With the patient standing, the lump gives a characteristic thrill to the examining finger on coughing, as a column of blood refluxes into the varix. The tap test is performed by having the patient stand, placing your finger over the varix and tapping over distally placed varices – a transmitted thrill will be detected. Finally, the varix disappears immediately when the patient lies down.

If traumatized, large varicose veins like these can bleed furiously if the patient is standing up. In this position, the veins are at high pressure, with a column of blood, unsupported by valves, extending up to the right atrium! How would you treat this dangerous emergency?

Lie the patient flat, raise the leg vertically in the air and apply a firm dressing to the bleeding point. When he was a house surgeon, one of the authors treated a woman with this emergency who had nearly died of blood loss.