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RESULTS OF THE DUPLEX SCANNING OF THE VENOUS SYSTEM TO THE LOWER LIMBS IN THE LATE POSTOPERATIVE PERIOD

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Introduction

Use of duplex scanning in late postoperative period allows to detect specific disorders of venous hemodynamics responsible for the development of varicose veins (VV) recurrence.

Keywords

Duplex scanning, varicose veins, venous reflux.

Purpose

Evaluation of duplex scanning of the venous system to the lower limbs in the late postoperative period.

Conclusions

Venous reflux disorders have been diagnosed with duplex scanning about twice as often as the clinical symptoms of varicose vein recurrence. Retrogressive venous flow after surgery is diagnosed in the region of the saphenous-femoral junction and in incompetent perforating veins of the thigh.

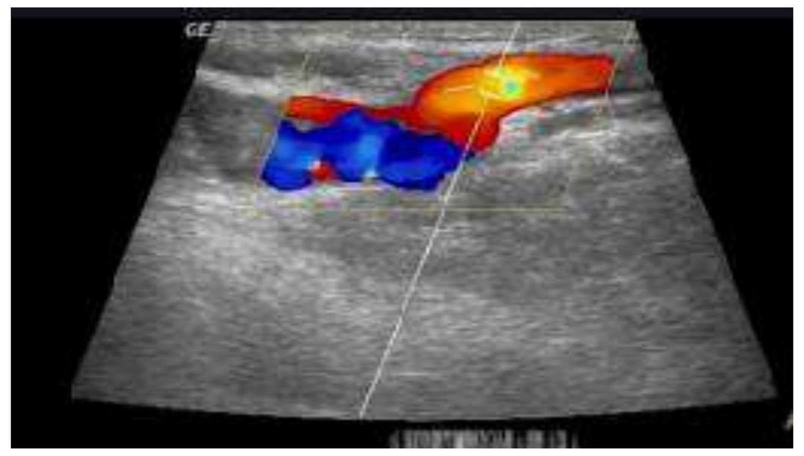

Fig.1 Incompetent saphenous-femoral junction (53,4%)

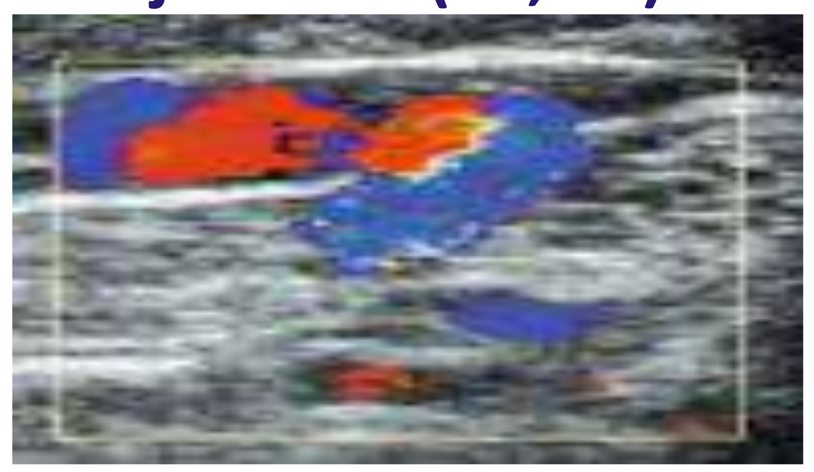

Fig.2 Incompetent perforating veins (23,3%)

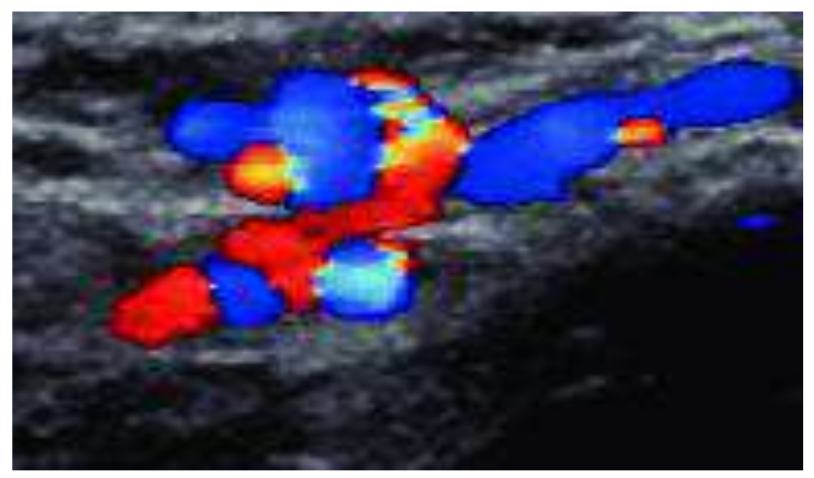

Fig.3 Safeno-popliteal junction incompetence (11,1%)

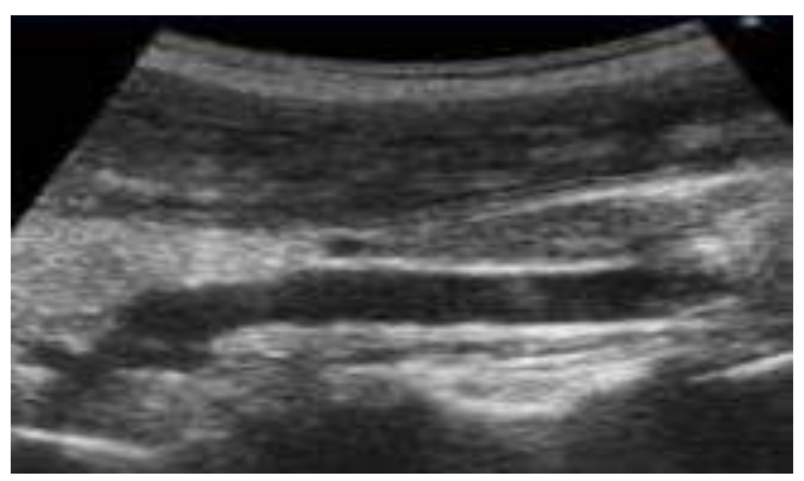

Fig.4 Incompetent veins of the small pelvis, groin and perineal region (6,7%)

Material and methods

The study included 110 patients (157 affected extremities) operated on for primary VV. Surveillance duration: 82.01±1.7 months (45–155 months). Duplex scanning was performed at the symptomatic extremities or without clinical signs of the chronic venous pathology. Women–75 (68.18%), men–35 (31.82%). The mean age was 48.3±11.79 years (19–70 years).

Results

Recurrence of varicose veins was evident in 29.29% of cases. The presence of pathological venous reflux (PVR) of the operated extremities was detected in 90 (57.32%) cases. The sources of PVR were: 1.Incompetent saphenous-femoral junction or its tributaries 48 (53.4%); 2.Incompetent perforating veins of the thigh 21 (23.3%); 3.Safeno-popliteal junction incompetence 10 (11.1%); 4.Incompetent veins of the small pelvis, groin and perineal region; 6 (6.7%); 5.Incompetent vein of the popliteal fossa 3 (3.3%); 6. Incompetent medial perforations in the region of the upper third of the leg 2 (2.2%).