



#### 4. CHRONIC VENOUS INSUFFICIENCY AND THE PROBABILITY OF TROPHIC ULCER DEVELOPMENT

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**Introduction.** Chronic venous disease represents one of the predominant vascular conditions in the current era. With the rise in comorbidities and the association of risk factors such as sedentary lifestyle, obesity, smoking, and arterial hypertension, the number of affected individuals is steadily increasing. It is important to note that with the high recurrence rate of this pathology, it progressively evolves towards complications that often require prolonged treatment and frequent hospitalizations, impacting the quality of life for patients.

**Aim of study.** To identify the most effective methods for treating venous trophic ulcers.

**Methods and materials.** The study is based on the analysis of the most current and relevant scientific sources (PubMed, National Library of Medicine).

**Results.** The main mechanism in the development of venous leg ulcers is chronic venous insufficiency manifested by reflux, venous hypertension, and microangiopathy, caused by congenital diseases, primary and secondary venous disease. In the presence of venous hypertension, a series of pathological biochemical changes occur, further aggravating the process with the development of chronic inflammation and specific skin alterations. The treatment of venous ulcers is a complex process, involving multiple resources, specialists, and psychosocial support. Often, the treatment is prolonged, involving postural therapy for the lower limb, compressive therapy, and local topical treatment. Based on several observations, the recurrence rate of ulcers is higher after conservative treatment compared to surgical treatment. However, compressive therapy remains a key component of the overall treatment regardless of the clinical classes in which the patient fit according to the CEAP classification. Recommended compressive therapy methods for patients with chronic venous disease include elastic bandages and compressive elastic stockings. Surgical treatment is recommended after the failure of conservative therapy, aiming to reduce venous stasis and improve patient symptoms. As surgical interventions, perforator ablation or perforator ablation in combination with saphenectomy can be employed.

**Conclusion.** Surgical techniques, combined with compressive treatment, have proven to be highly effective in the long-term improvement of patients' quality of life and with a low recurrence rate.