CHIRURGIA CARDIO-VASCULARA

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ВОЗМОЖНОСТИ МИНИИНВАЗИВНЫХ ТЕХНОЛОГИЙ В ЛЕЧЕНИИ ВАРИКОТРОМБОФЛЕБИТА У БОЛЬНЫХ С ТЯЖЕЛЫМИ ФОРМАМИ ВАРИКОЗНОЙ БОЛЕЗНИ

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Варикотромбофлебит нижних конечностей встречается у 30-60% больных с варикозной болезнью и в 10% случаев служит предиктором тромбоза глубоких вен. В 5,9% случаев заболевание является источником тромбоэмболии легочной артерии. Нерешены вопросы лечения «дистальных» форм варикотромбофлебита у пациентов с трофическими нарушениями. Из-за высокого риска гнойно-септических осложнений многие авторы придерживаются консервативной тактики. В тоже время, приостановить распространение тромботического процесса на глубокую венозную систему через перфорантные вены возможно только хирургическими методами. Таким образом, определение адекватного подхода к лечению варикотромбофлебита на сегодняшний день остается актуальной медико-социальной проблемой.Цель исследования: Улучшить результаты лечения варикотромбофлебита у больных с осложненными формами варикозной болезни с помощью миниинвазивных технологий. Материалы и методы: С 2009 по 2011гг оперативное лечение было выполнено 14 больным с «дистальными» формами (I и IV типы) варикотромбофлебита. Мужчин было 6(42,9%), женщин-8(57,1%). Возраст пациентов от 45 до 72 лет. В первые 5 суток от начала заболевания поступило 4(28,6%), 7(50%) – в течение 6-14 суток, 3(21,4%) – через 14 и более суток. С I типом тромбофлебита госпитализированы 11(78,6%) больных, с IV типом – 3(21,4%). Согласно классификации CEAP-5(35,7%) пациентов с С4 классом, 6(42,9%) с С5, 3(21,4%), с классом С6.Обследование состояло из общеклинических методов и срочного цветного дуплексного сканирования на аппарате ULTIMAPRO-30, во время которого в 15,9% случаев обнаружены тромбированные перфорантные вены.В зависимости от характера трофических изменений мягких тканей и сроков госпитализации пациенты разделены на две группы. В первую вошли 9(64,3%) пациентов с варикотромбофлебитом, госпитализированных до 14 суток от начала заболевания, а во вторую группу вошли больные с активными трофическими язвами и сроком заболевания более двух недель -5(35,7%).В обеих группах применяли активную хирургическую тактику, объем которой заключался в выполнении кроссэктомии, короткого стриппинга на бедре и субфасциальной эндоскопической диссекции несостоятельных перфорантных вен. В случаях тромбоза последних, подтвержденном эндоскопически, выполняли тромбэктомию. Больным в I группе производили флебэктомию на голени. Во II группе вены на голени не удаляли.Результаты: Послеоперационный период у больных I-й группы протекал без осложнений, раны зажили первичным натяжением, пациенты выписаны на 6- 7сутки. У больных II группы в послеоперационном периоде осложнений не было, перифокальное воспаление под воздействием местного применения мазей на гидрофильной основе купировано на 4-е сутки. Краевая эпителизация язв появилась на 2-3сутки. На 7-8 сутки пациенты выписаны на амбулаторное лечение с рекомендацией провести склеротерапию оставшихся вен на голени через 3 мес. Таким образом, учитывая высокую частоту выявления тромбированных перфорантных вен, у больных с осложненными формами варикозной болезни оправдана активная хирургическая тактика. Миниинвазивные методы обеспечивают радикальность хирургического лечения у больных с классом С4-С6, позволяют избежать гнойно-септических осложнений и сократить экономические затраты за счет уменьшения койко-дня и сокращения сроков нетрудоспособности.

ABILITIES OF MINIINVASIVE TECHNOLOGIES IN TREATMENT OF VARICOTHROMBOPHLEBITIS IN PATIENTS WITH HARD FORMS OF VARICOSE DISEASE

Varicothrombophlebitis of lower limbs is met in 30-60% of patients with varicose disease and in 10% cases serves as a predictor of deep veins thrombosis. In 5,9% cases the disease is the source of thrtomboembolism of pulmonary artery. Problems of "distal" forms of varicothrombophlebitis treatment in patients with trophic disorders are not solved. Many authors keep to conservative tactics because of high risk of purulent-septic complications. At the same time it is possible to hold up the diffusion of thrombotic process on deep vein system through perforative veins only surgically. Thus, definition of adequate approach to varicothrombophlebitis treatment at present remains an actual medico-social problem. Aim of study: Improve the results of varicothrombophlebitis treatment in patients with complicated forms of varicose disease with the help of miniinvasive technologies. Materials and methods: From 2009 to 2011 operative treatment was per-formed to 14 patients with "distal" forms (I and IV types) of varicothrombophlebitis. Men were 6(42,9%), women - 8(57,1%). The age of patients comprised from 45 to 72 years old. During first 5 day from the beginning of the disease 4(28,6%) patients attended, 7(50%) – during 6-14 days, 3(21,4%) – in 14 days and more. 11(78,6%) patients were hospitalized with the I-st type of thrombophlebitis, 3(21,4%) - with the IV-th type. According to CEAP-5 classification 5(35,7%) patients with C4 class, 6(42,9%) with C5, 3(21,4%), with C6 class. The examination consisted of general clinical methods and urgent duplex scanning on the apparatus ULTIMAPRO-30, during which in 15,9% cases thrombosed perforative veins were detected. Depending n the character of trophic changes of soft tissues and terms of hospitalization patients were divided into two groups. 9(64,3%) patients with varicothrombophlebitis, hospitalized up to 14 days from the beginning of the disease were included into the first group, patients with active trophic ulcers and terms of disease more than two weeks - 5(35,7%) - were included into the second group. Active surgical tactics was used in both groups, the volume of which consisted in crossectomy, short stripping on the thigh and subfascial endoscopic dissection of incompetent perforative veins. In cases of thrombosis of the latest, confirmed endoscolpically, thrombectomy was performed. Flebectomy on the shank was performed to the patients of the I-st group. In the II-nd group veins of the shank were not extracted. Results: Post-operative period in patients of the I- st group passed without complications, wounds healed in the way of primary tension, patients were discharged from hospital on 6-7

day. In patients of the II-nd group there were no complications in post-operative period, perifocal inflammation under local application of ointments on hydrophilic basement was cupped off on the 4th day. Marginal epithelization appeared on the 3rd day. The patients were discharged from the hospital on ambulatory treatment on the 7-8 day with the recommendation to carry out sclerotherapy of the remaining veins on the shank in 3 months. Thus, accounting high frequency of thromboised perforative veins detection in patients with complicated forms of varicose disease active surgical tactics is justified. Miniinvasive methods provide radical surgical treatment substantiation in patients with C4-C6 class, allow to avoid purulent-septic complications and shorten economic costs on account of bed- day shortening and decrease of terms of incapacitation.

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TRATAMENTUL CU LASER ENDOVENOS DE 980-NM A BOLII VARICOASE

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Context: Tratamentul cu laser endovenos (TLE) este tot mai mult utilizat pentru a trata incompetența venei safene mari (VSM). Acest studiu prezintă rezultatul pe termen lung a TLE la o serie de 45 de pacienți. Metode: Au fost tratați prin TLE 45 de pacienți (39 femei, 6 bărbați) cu incompetența VSM, cu o vârsta medie de 38.6 ani (interval, 19 - 56 ani), folosind un laser cu diodă de 980-nm. Diametrul VSM a fost măsurat prin examinarea duplex în poziție verticală, în diferite segmente ale venei pentru a determina densitatea optimă de energie liniară necesară pentru fiecare segment. Diametrul mediu al joncțiunii safeno-femurale (JSF) a fost de 7,5 mm (interval de la 6 la 15.0 mm). Pacienții au fost evaluați clinic și prin scanarea duplex la 8 zile, 1 și 6 luni pentru a aprecia eficacitatea tratamentului și reacțiile adverse.Rezultate: Operația a început cu deconectarea JSF în 37 de cazuri. În 25 de cazuri a fost posibilă introducerea fibrei laser de la nivelul maleolului medial până la JSF. La o săptămână de urmărire 5 (11%) din pacienți au raportat durere moderată. În perioada postoperatorie imediată rata de închidere a VSM a fost de 98,0% și a rămas constantă în continuare. După un an au fost remarcate o dispariție completă a VSM sau un cordon rezidual fibros. Complicații majore nu au fost determinate, în special, nu au fost cazuri de tromboză venoasă profundă. Miniflebectomia suplimentară a fost efectuată la toți pacienții.Concluzie: TLE al incompetenței VSM cu laser cu diodă de 980 nm este o tehnică extrem de sigura, în special atunci când energia aplicată se calculează în funcție de diametrul VSM. În prezent, TLE a devenit metoda de alegere pentru tratarea varicelor superficiale și tinde să înlocuiască tratamentul tradițional prin ligaturare și stripare.

ENDOVENOUS 980-NM LASER TREATMENT OF VARICOSE VEINS

Background: Endovenous laser treatment (ELT) is increasingly being used to treat incompetent great saphenous veins (GSV). This study reports the long-term outcome of ELT in a series of 45 patients. Methods: Incompetent GSV segments in 45 patients (39 women, 6 men) with a mean age of 38.6 years (range, 19 to 56 years) were treated with intraluminal ELT using a 980-nm diode laser . The GSV diameter was measured by Duplex examination in an upright position in different GSV segments to determine the optimal linear endovenous energy density for each segment. The mean diameter of saphenofemoral junction (SFJ) was 7.5 mm (range, 6 to 15.0). Patients were evaluated clinically and by duplex scanning at 8 days, 1 and 6 months to assess treatment efficacy and adverse reactions. Results: The operation began with the SFJ disconnection in the 37 cases. In 25 cases it was possible to introduce the laser fiber from the inner maleolus to SFJ . At the 1-week follow-up 5 (11%) patients reported moderate pain. In the immediate postoperative period, the closure rate was 98.0% and remained constant during the 1-year . After 1 year, a complete disappearance of the GSV or minimal residual fibrous cord was noted. Major complications have not been detected; in particular, no deep venous thrombosis. Complementary miniphlebectomy was done in all patients. Conclusion: ELT of the incompetent GSV with a 980-nm diode laser appears to be an extremely safe technique, particularly when the energy applied is calculated as a function of the GSV diameter. Currently, ELT has become the method of choice for treating superficial veins and has almost replaced the treatment of traditional ligation and stripping.

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PRIMA EXPERIENTA IN ABLATIA ENDOVENOASA CU LASER

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Introducere. Tehnicile minim-invazive de tratament al maladiei varicoase si a insuficientei venoase cronice se bucura de o popularitate in crestere, ablatia endovenoasa cu laser (EVLA) fiind un lider al "revolutiei endovenoase". Scopul studiului este analiza critica a particularitatilor tehnice, managementului periprocedural si rezultatelor precoce dupa EVLA la bolnavii cu maladie varicoasa a membrelor inferioare. Metode. Experienta noastra initiala include 26 de pacienti, tratati cu EVLA a venei saphena magna (VSM). Cinci (19,2%) pacienti au fost barbati, virsta medie a bolnavilor – 42,2 ani. In conformitate cu sistemul CEAP toti bolnavii au fost catalogati ca: C2s-6; Ep; As, s,p; Pr. Extinderea refluxului safenian in raport cu clasificarea Hach a fost urmatoarea: tip II – 15 (57,7%), tip III – 8 (30,8%), tip III si IV – 3 (11,5%) cazuri. Rezultate. Majoritatea interventiilor - 86,9%, au fost efectuate cu anestezie locala infiltrativa. In 6 cazuri, din motivul sindromului algic in timpul EVLA, a fost administrata o anestezie generala de scurta durata. Tentativele de introducere a fibrei laser prin punctie s-au soldat cu succes in 18 (69,2%) cazuri, la ceilalti pacienti practicindu-se un acces deschis spre VSM. Crosectomia a fost evitata in toate cazurile. Monitoring-ul continuu prin ultrasonografie duplex a fost efectuat la toate etapele tratamentului. Interventii aditionale au fost efectuate simultan cu EVLA in 9 (34,6%) cazuri: flebectomia prin procedeul Muller - 2, scleroterapia - 3, ablatia chimica/termica a venelor perforante incompetente - 4. Scanarea duplex la a 7-a zi si la o luna postoperator a demonstrat ocluzia VSM in 25 (96,1%) cazuri.