

# ALT EKSTREMİTE VARİSLERİNİN TEDAVİSİ

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# Venöz yetmezliğin en belirgin bulgusu

## VARİSLER

Spider venler



Retiküler venler



Variköz venler



# Venöz yetmezlik: Diğer bulgular

**Ağrı:**

**Ödem:**

**Yanma:**

**Kaşıntı:**

**Kramp:**

Sıcak mevsimlerde  
ve ayakta kalma ile  
artarlar



**Venöz ülser**



**Staz dermatiti**



**Lipodermatosklerozi**



**Atrophie blanche**



**Corona flebectica**



## **An unexpectedly high rate of pulmonary embolism in patients with superficial thrombophlebitis of the thigh.**

[Verlato F](#), [Zucchetto P](#), [Prandoni P](#), [Camporese G](#), [Marzola MC](#), [Salmistraro G](#), [Bui F](#), [Martini R](#), [Rosso F](#), [Andreozzi GM](#).


Unit Care of Angiology, University Hospital of Padua, Padua, Italy.

**PURPOSE:** The rate of objectively proven pulmonary embolism in patients with thrombophlebitis of the greater saphenous vein was studied. **METHODS:** Consecutive ambulant patients with thrombophlebitis of the greater saphenous vein, involving the above-knee segment, underwent a complete venous echo color Doppler examination of the lower limbs, perfusion lung scanning, and chest radiography. A high probability of pulmonary embolism was defined as the presence of two or more large segmental defects, one large and two or more moderate perfusion defects, or four or more moderate perfusion defects, with no corresponding abnormality found by means of chest radiography. **RESULTS:** Of the 21 patients included in the study, findings compatible with a high probability of pulmonary embolism were detected in seven patients (33.3%; 95% CI, 14.6 to 57.0), although clinical symptoms of pulmonary embolism were present only in one patient. No association was found between the presence of thrombosis at the saphenofemoral junction and the risk for pulmonary embolism. **CONCLUSION:** The rate of pulmonary embolism in patients with thrombophlebitis of the greater saphenous vein is unexpectedly high. This risk is similarly high in patients with thrombosis at the saphenofemoral junction and in patients without thrombosis at the saphenofemoral junction. Our results are consistent with those of other recent investigations and suggest that superficial thrombophlebitis of the thigh is not as benign a disease entity as previously described.


PMID: 10587397 [PubMed - indexed for MEDLINE]

- **YTF: %25 DVT, %10 PE**
- **Endovasküler tedavi zorlaşır**


**1:** [Racette S, Sauvageau A.](#)

-  **Unusual sudden death: two case reports of hemorrhage by rupture of varicose veins.**  
Am J Forensic Med Pathol. 2005 Sep;26(3):294-6.  
PMID: 16121090 [PubMed - indexed for MEDLINE]


**2:** [Morrow PL, Hardin NJ, Karn CM, Beloin R, McDowell RW.](#)

-  **Fatal hemorrhage caused by varicose veins.**  
Am J Forensic Med Pathol. 1994 Jun;15(2):100-4. Review.  
PMID: 8074099 [PubMed - indexed for MEDLINE]


**3:** [du Toit DF, Knott-Craig C, Laker L.](#)

-  **Bleeding from varicose vein--still potentially fatal. A case report.**  
S Afr Med J. 1985 Feb 23;67(8):303.  
PMID: 3983781 [PubMed - indexed for MEDLINE]

**4:** [Papp Z, Elek L.](#)

-  **[Fatal hemorrhage from a leg ulcer caused by varicose veins]**  
Morphol Igazsagugyi Orv Sz. 1983 Jan;23(1):61-2. Hungarian. No abstract available.  
PMID: 6843567 [PubMed - indexed for MEDLINE]

**5:** [Evans GA, Evans DM, Seal RM, Craven JL.](#)

-  **Spontaneous fatal haemorrhage caused by varicose veins.**  
Lancet. 1973 Dec 15;2(7842):1359-61. No abstract available.  
PMID: 4128056 [PubMed - indexed for MEDLINE]

# Sülük tedavisi



# C E A P klasifikasyonu

(American Venous Forum 1994)

**C:** Klinik görünüm

**E:** Etyolojik faktörler

**A:** Anatomik dağılım

**P:** Patofizyolojik durum



- **C 0:** Normal

- **C 1:** Spider ya da retiküler venler

- **C 2:** Variköz venler

- **C 3:** Ödem



- **C 4a: Cilt deęişiklikleri:**

pigmentasyon, egzama



- **C 4b: Ciltdeęişiklikleri:**

dermatoskleroz, beyaz atrofi



- **C 5: İyileşmiş ülser**



- **C 6: aktif ülser;**



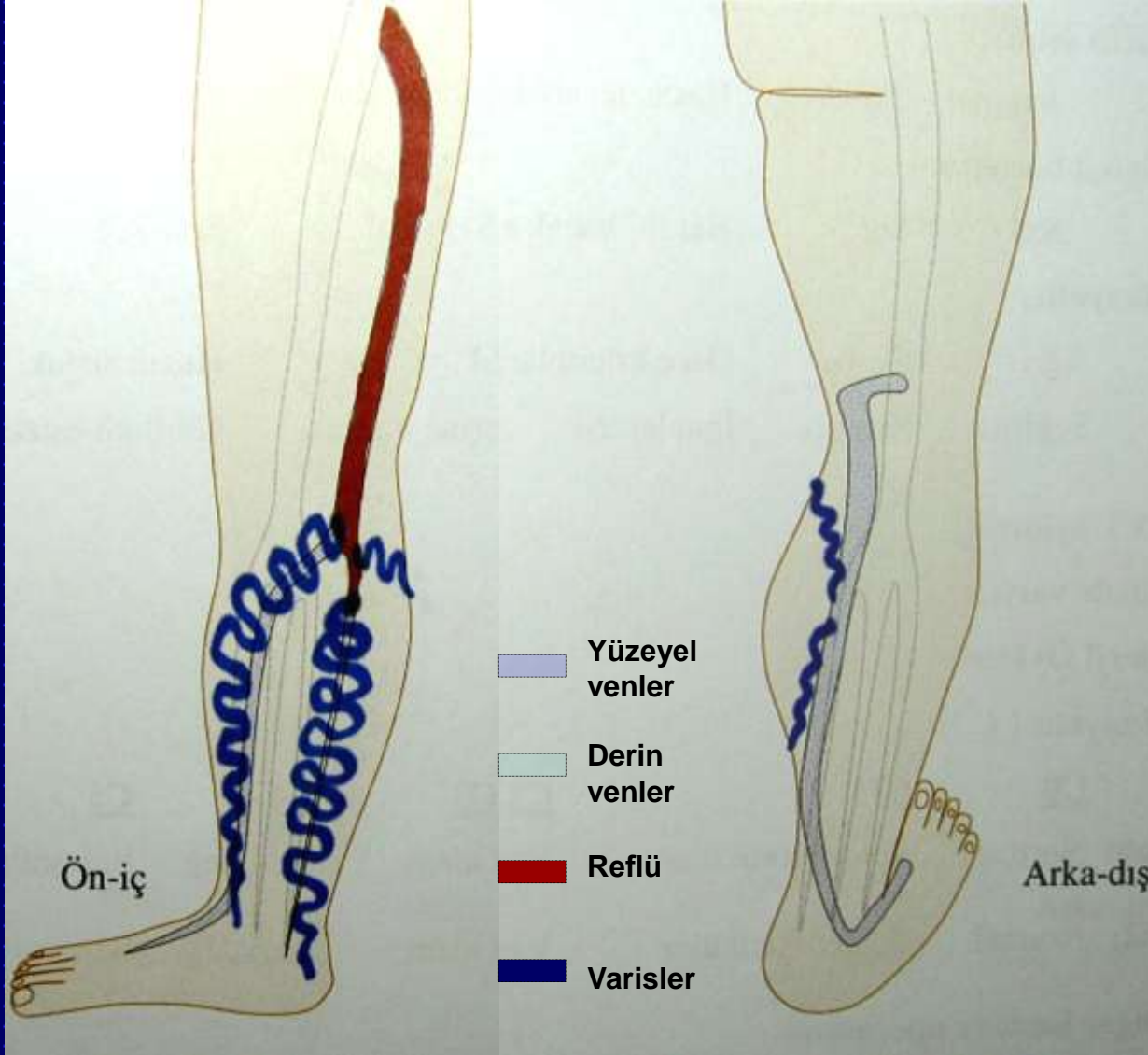
# Patofizyoloji

- **Yüzeyel ven yetmezliği >%90**
  - **Vena Safena Magna (VSM) %70**
  - **Vena Safena Parva (VSP)**
  - **Perforan venler (primer)**
  - **Pelvik veni, gonadal, iliak**
  - **Lateral subdermal plexus**

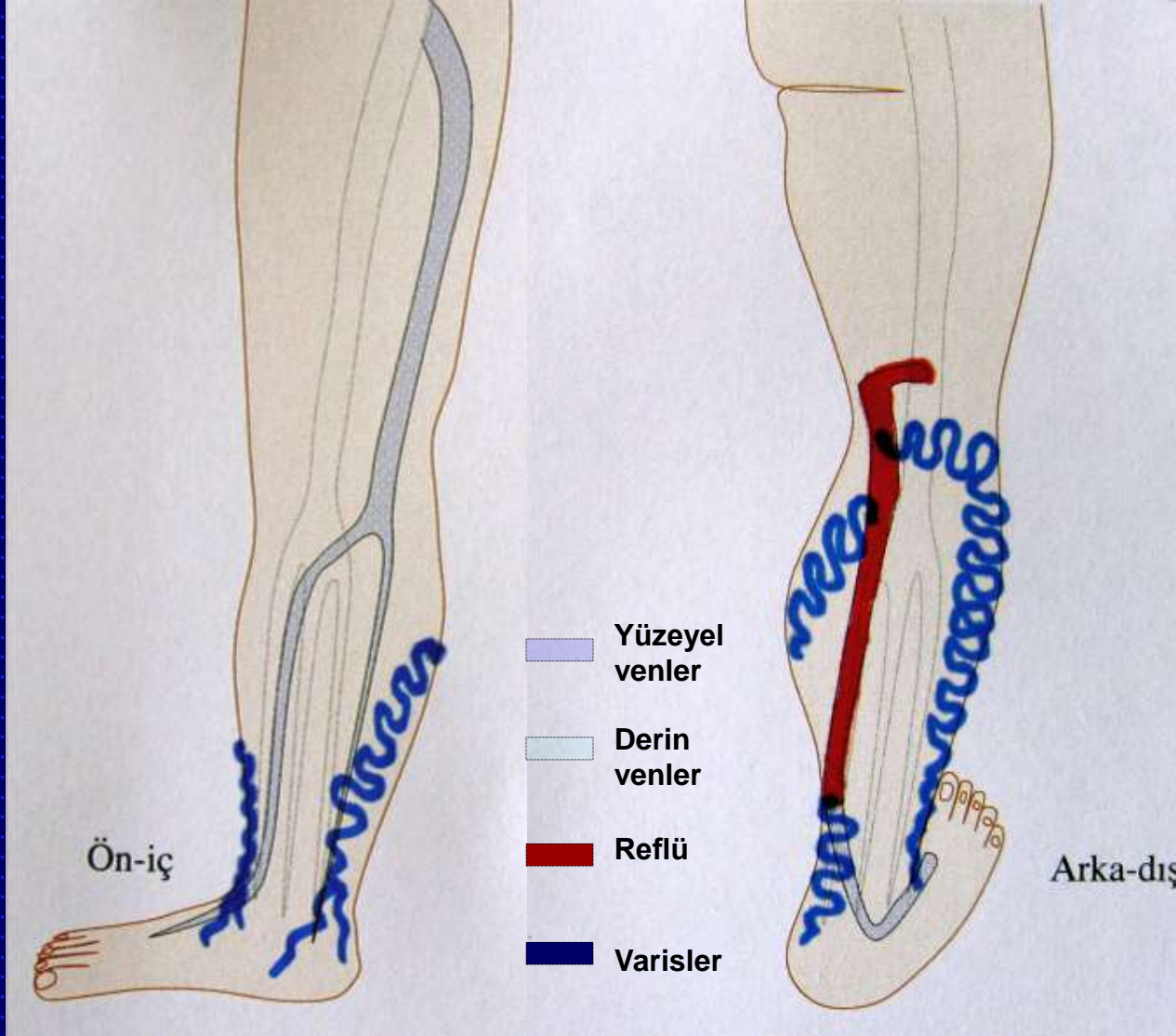
# Doppler US, Amaç

1. Yüzeyel venöz sistemde reflü var mı? Varsa kaynağı, kaynakları ne?  
**VSM, VSP, perforan, pelvik, LSVP ?**
2. Variköz venlerin lokalizasyonu, çapı  
**Skleroterapi, flebektomi ?**
3. Derin venöz sistemde reflü var mı?  
**Posttrombotik? YVY e bağlı**
4. Derin venlerde obstrüksiyon var mı?
5. Şiddetli arteriyel yetmezlik var mı?

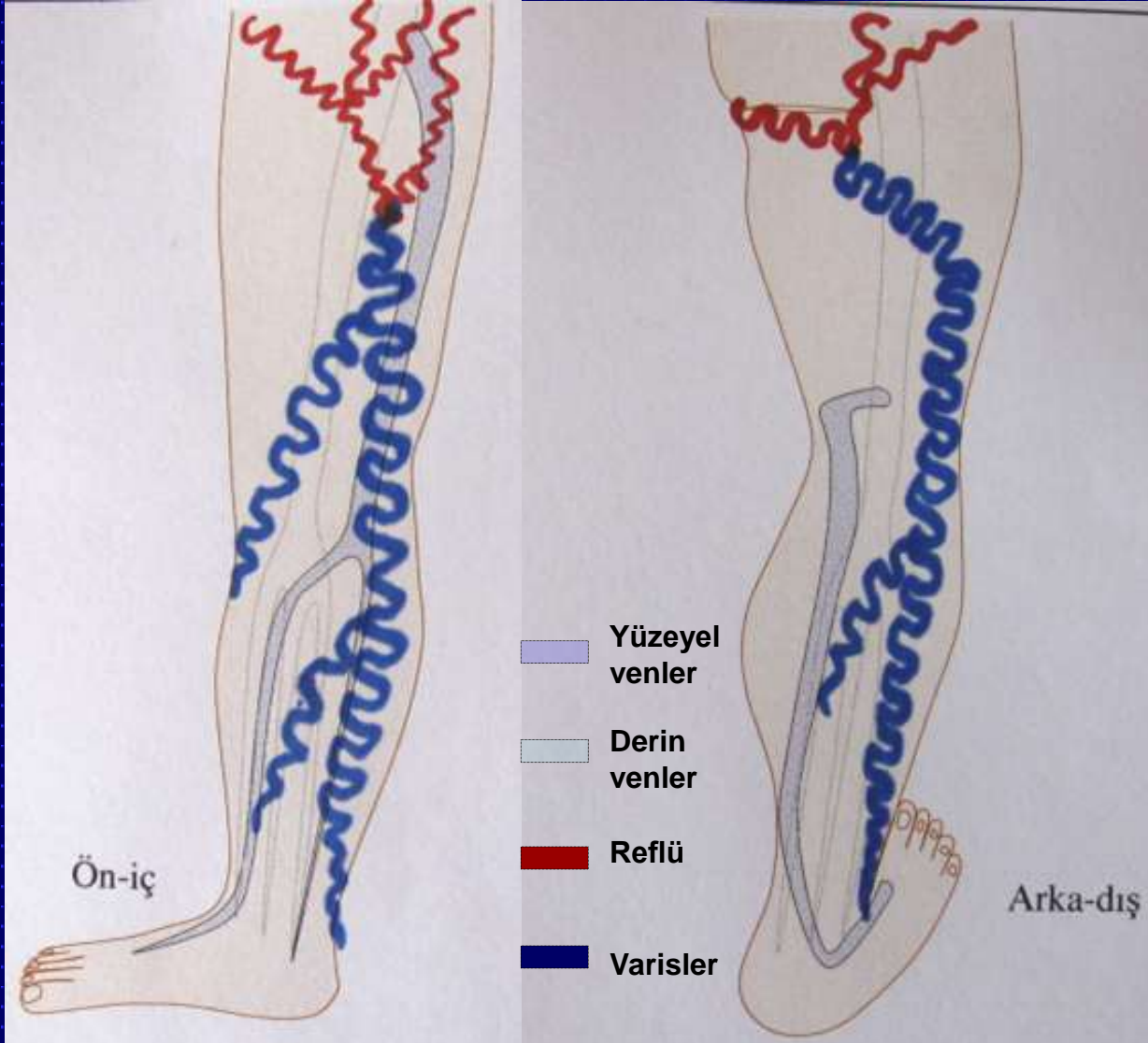
# Klasik VSM (SFB) yetmezliđi



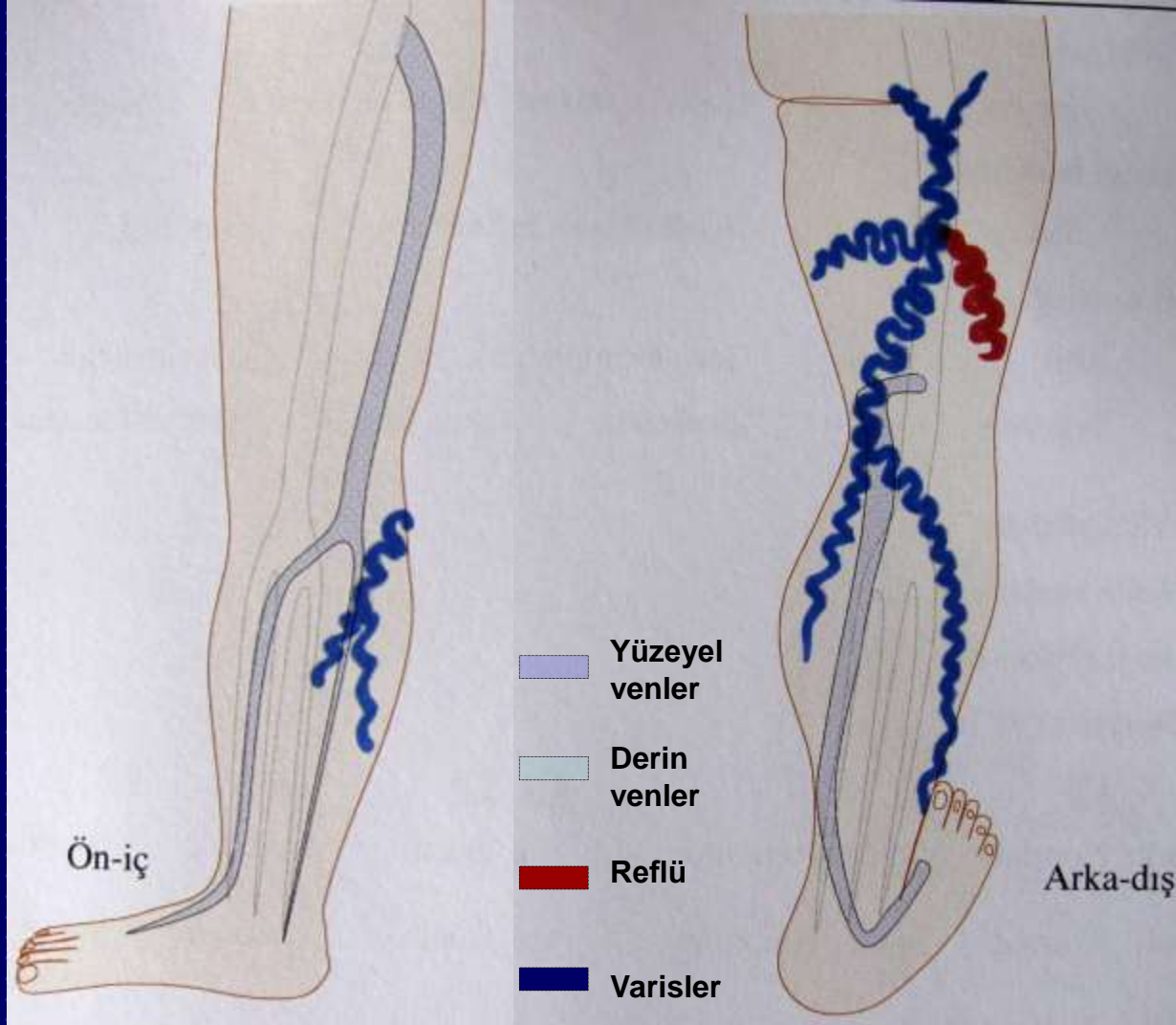
# Klasik VSP (SPB) yetmezliđi



# Gonadal-pelvik ven yetmezliđi

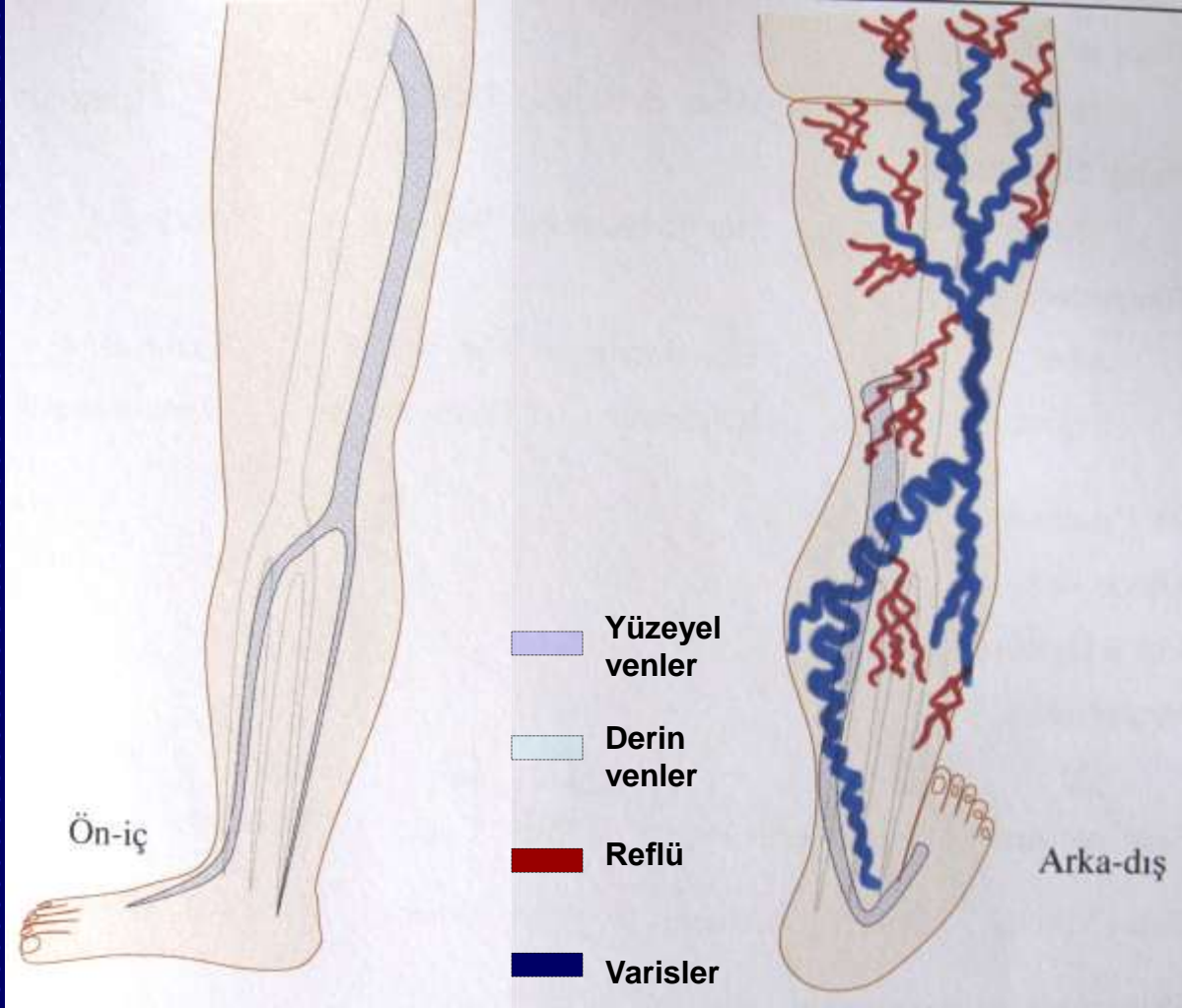


# Perforan ven yetmezliđi



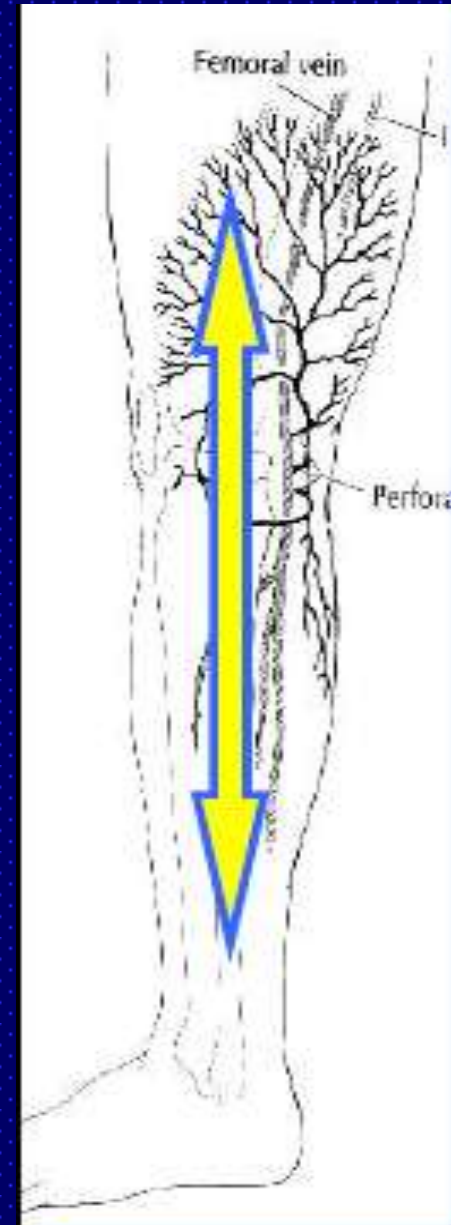


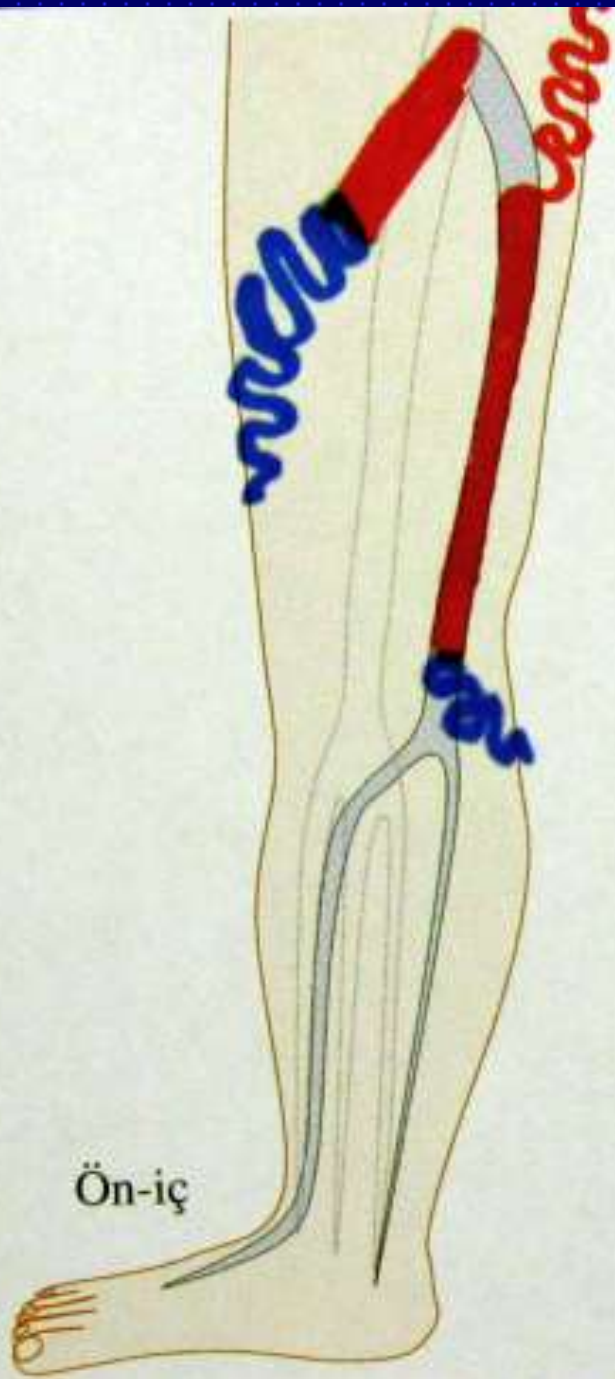
# Lateral Subdermal Venöz Plexus (LSVP) yetmezliği





# Lateral subdermal venöz plexus

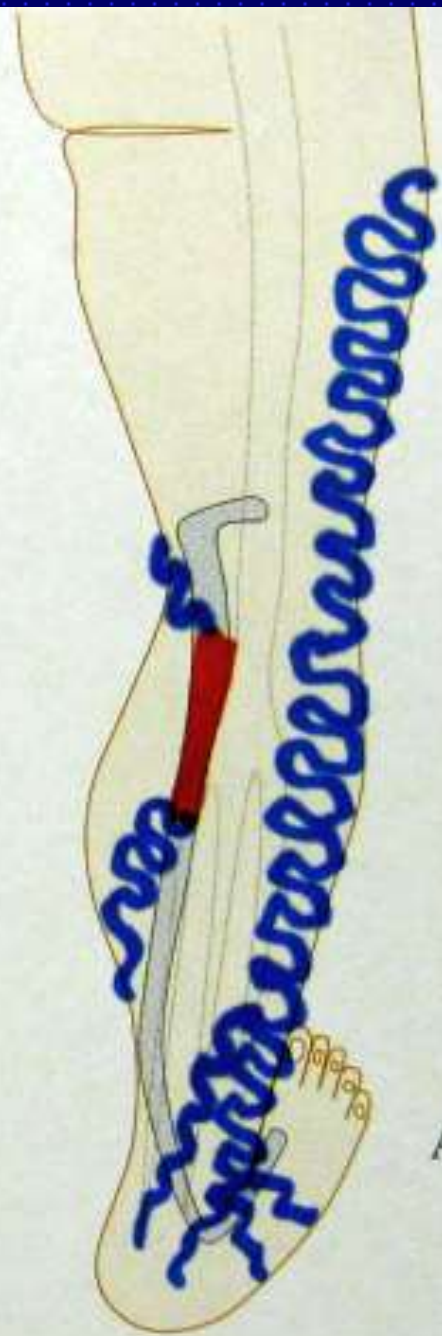
- Derin venöz sistemin embriyolojik remnantı
- DVS ile multipl küçük perforanlar
- Retiküler + spider network
- Diz posterolaterali, prox + distal
- Doppler US de reflü +, kaynak ?





Ön-iç

-  Yüzeysel venler
-  Derin venler
-  Reflü
-  Varisler



Arka-dış

Unusual causes of varicose veins in the lower extremities: CT venographic and Doppler US findings. Radiographics. 2009

Persistan siyatik ven yetmezliđi



Klippel-Trenaunay sendromu



# YVY tedavi prensipleri

1. Öncelikle reflü (neden) tedavi edilmeli  
**Endovenöz Lazer, RF, Cerrahi ?**
2. Sonra varislerin (=sonuç) tedavisi  
**Skleroterapi (köpük), flebektomi**
3. Birden fazla reflü: prox→distal

# **Reflü tedavisi**

**Düz ve kalın bir damar-segment**

- **Endovenöz lazer**

**En yaygın kullanım, etkili, ekonomik**

- **Radyofrekans**

**Aynı etki, daha az kullanım, daha pahalı**

# Endovenöz lazer-Radyofrekans

- **VSM, VSP ve yan dalları**
- **Perforan venler**

**Eğer birkaç cm düz segment varsa**

# **Reflü tedavisi**

## **Kıvrıntılı damarlar**

### **Köpük skleroterapisi**

**Lazer, RF>Köpük, 2. en etkili ablasyon**

**Kanla az karışır, kanı iter**

**Geniş bir alana etkili**

**Gonadal-pelvik varisler, LSVP varisleri,**

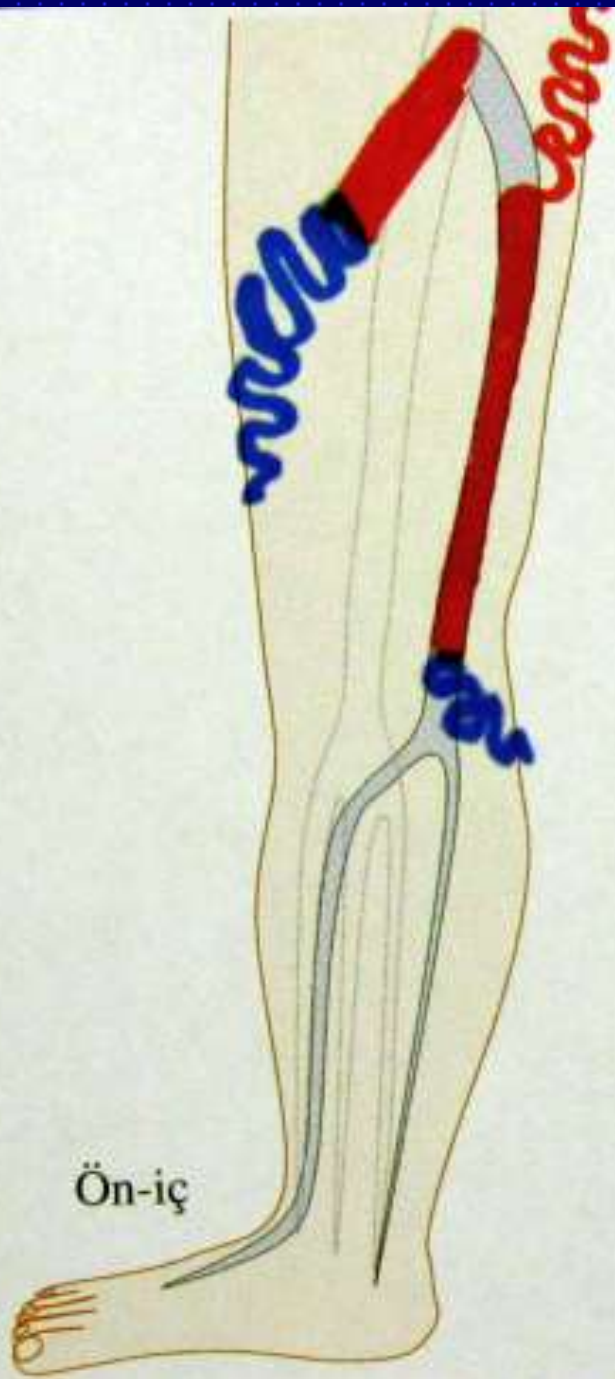
**Perforan venler, VSM-VSP varisleri**



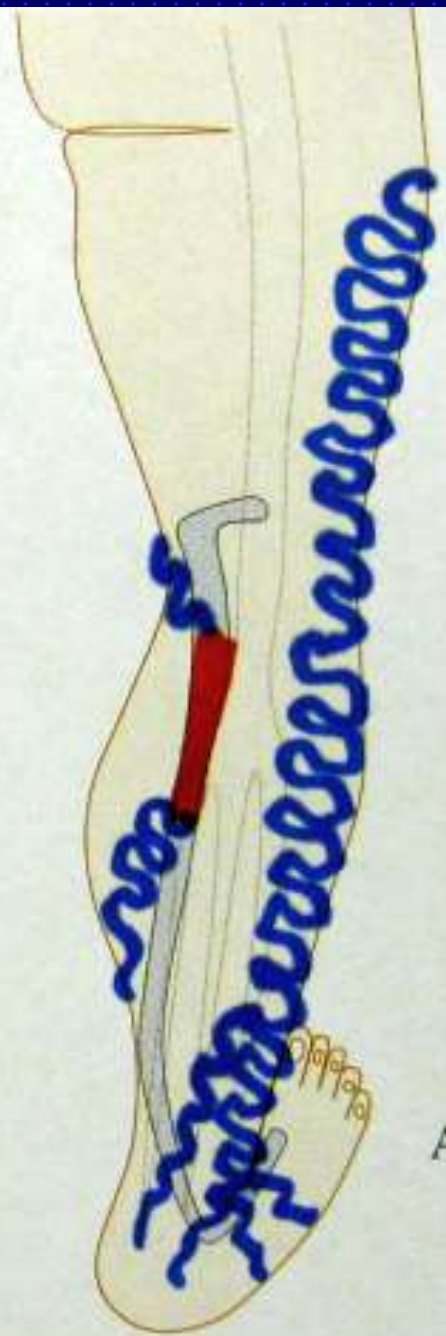
# Endovenöz lazer + Köpük skleroterapisi





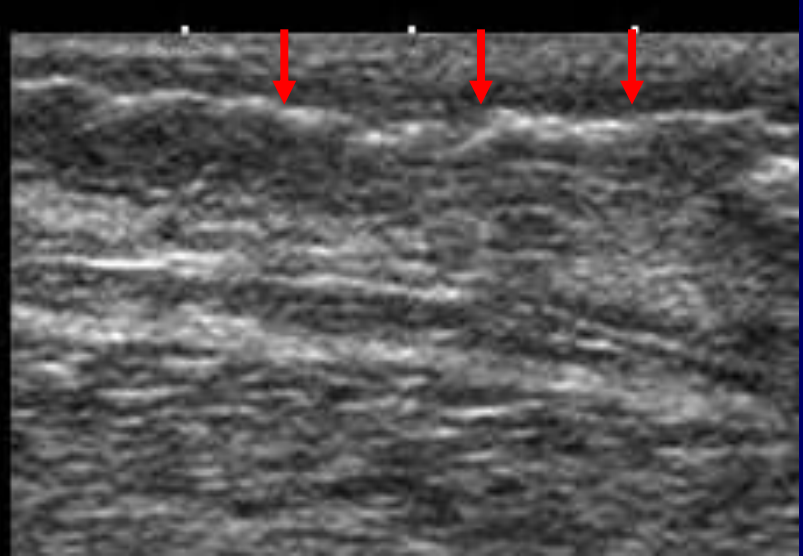
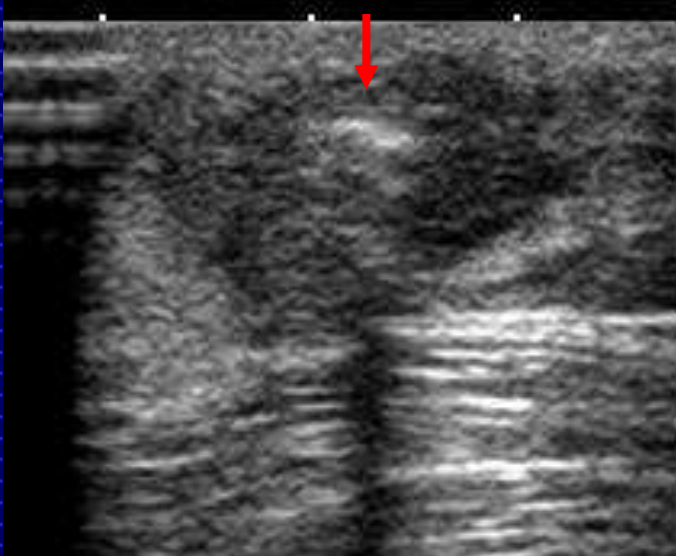


- Yüzeysel venler
- Derin venler
- Reflü
- Varisler



Arka-dış

# Tümesent-yardımlı skleroterapi







# Varis tedavisinde yanlışlar

## İdeal

Her hasta, Doppler US

Doppler US ayakta

Tüm bacağına Doppler US

Önce yetmezlik tedavisi

Doppler US ve tedavi  
aynı hekim

## Mevcut durum

FM, el Doppleri → Cerrahi

Doppler US yatarak → DVY?

Sadece VSM / VSM+VSP

Varisektomi / Skleroterapi

Doppler US radyolog,  
tedavi cerrah

**Sabrınız için teŝekkürler**