

A Case Report on Varicose Veins

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ABSTRACT

Varicose veins are veins that have become enlarged and twisted. Veins have pairs of leaflet valves to prevent blood from flowing backward (retrograde flow). When veins become varicose, the leaflets of the valves no longer meet properly, and the valves do not work as a result blood flow backward. This results in the protruding, bumpy like veins called varicose veins. Rarely this may lead to phlebitis, blood clot, and bleeding. We report a case of varicose veins in a 54 year male patient with a past Ayurvedic medication (Chandana tilem). As there is no effective result he got admitted in the multispecialty hospital and the patient has undergone

a surgical procedure called endovenous laser therapy. The purpose of this article is to get awareness about disease in people especially from the medical and related field.

Key words: Varicose veins, ayurvedic medication, blood flow, endovenous laser therapy

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INTRODUCTION

Varicose veins are enlarged, bulging superficial veins that can be felt beneath the skin, generally larger than 3 mm in diameter. They are usually located on the inside of the calf or thigh and develop due to weakness of the vein wall and loss of valve function. Under the pressure of gravity, they continue to enlarge, and in the course of time, they may become elongated, twisted, pouched and thickened. These are generally identified by their twisted, bulging, superficial appearance on the lower extremities. They can be found in the vulva, spermatic cord (varicoceles), rectum (hemorrhoids), esophagus (esophageal varices).[1] Generally they are found in 10%-20% of men and 25%-33% of women.[2,3] Varicose veins may be due to increased intravenous pressure caused by prolonged standing, increased in intra-abdominal pressure arising from tumor, pregnancy, obesity, or chronic constipation, congenital factors, secondary vascularization caused by deep vein thrombosis, or less commonly arteriovenous shunting.[4] Shear forces and inflammation have been recognized as important factor for venous disease.[5] Varicose veins is a risk factor for venous thromboembolism.[6] We report this case varicose veins because of rarity.

A 54 year male patient got admitted in a private hospital with a chief complaint of swelling bulging of veins in the lower limbs [Figures 1-3]. He had started noticing lower extremity swelling about 5 years ago and then for 1 year has been plagued with progressive leg pain. Initially he visited ayurvedic physician where he prescribed an ayurvedic medication (chandana tilam). They had been diagnosed with low blood pressure for which he is on medication (vertin 8 mg tablets). The patient has undergone the surgery for humerous fracture 6 months back. He is not aware of any family history of similar problem or any vein disorders. Personal history states that he is a smoker and occasional alcoholic, his sleep and appetite are normal. On further inquiry he also describes restlessness, occasional cramping bilaterally, feeling tired and heavy at the end of day. As a pharmacist the patient works full time standing for extended periods of time in his practice. On physical examination, his lower extremity symptoms include a bulging viscosity on his left and right lower legs associated with achiness. On investigation, hemoglobin on lower side (8.6 gm/dl) for which patient underwent transfusions and hemoglobin improved over a period of 10 days (12.5 gm/dl). On Doppler test, an ultrasound scan to check the direction of blood flow in veins, checks for blood clots and obstructions in veins. He was diagnosed with abnormal blood flow in lower limbs. On color Doppler ultrasound scan (this test provides color

images of the structure of veins and identify any abnormalities, it can also measure the speed of blood flow) it shows venous stasis (decreased in blood flow through vein) and small clots in the veins of left and right lower ankle and foot. The patient has undergone an endovenous laser therapy (EVLT).

DISCUSSION

A varicose vein is defined as a vein that becomes elongated, dilated, pouched, and thickened due to the continuous dilation under the pressure. There are two types of varicose veins they are primary varicose veins and secondary varicose veins. A primary varicose vein is developed due to intrinsic valvular incompetence and has no apparent underlying cause. Secondary varicose veins form due to outflow obstruction, valve destruction secondary to deep vein thrombosis or because of arterial venous fistulae. Varicose veins as a clinical entity can be traced back as early as 5th century BC. Forefathers of medicine including Hippocrates and Galen described the disease and treatment modalities, which are still used.[7] Throughout the centuries, surgical treatments have evolved from large, open surgeries to minimally invasive approaches. The most common clinical feature for varicose veins is twisted and bulging of veins. This occurs due to the improper function of valves in veins which results in the backward flow of the blood (retrograde flow) in veins. It is most common in women than men. It occurs mainly in the age group of above 40 years and in pregnant women's. The above treatment procedures endovenous laser therapy (EVLT) involves the laser fiber which send into the veins and seal the faulty vein this improve the circulation. The other procedures to treat varicose veins are, medical procedures like sclerotherapy, radio frequency ablation, and ambulatory phlebectomy. The surgical procedure like vein stripping is performed. Sclerotherapy with agents like sodium tetradecyl sulphate and polidocanol remain a useful alternative to surgery. Radio frequency ablation is a medical procedure in which part of electrical conducting system of heart, tumor or other dysfunctional tissue is ablated using

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Figure 1: Patients both lower limbs with varicose veins



Figure 3: Patient left lower limb



Figure 2: Patient right lower limb

a heat generating from medium frequency alternating current. Ambulatory phlebectomy is a mini surgical procedure for outpatients in which the superficial veins are removed through small slit like incisions in the skin. Vein stripping is a surgical procedure done under the general or local anesthetic to aid in the treatment of varicose veins and other manifestations of chronic venous disease. In this procedure the vein is pulled out of the body. Varicose vein stripping treats varicose

veins and helps prevent them from coming back. The herbal drugs were found to have all those properties which help in the treatment of varicose veins. These drugs not only assure an enduring effect on the venous disorders but also they provide to be cost effective and helps patients recover better.[8] Varicose veins is a rare disease, this may results in serious health issue. Early detection and treatment is critical. Regular exercise, avoiding prolongs sitting and standing may not cause this disease. As the ayurvedic treatment fails the patient had turned to allopathy treatment in which he had undergone endovascular laser therapy. We are presenting this case of varicose veins is to get awareness to the people.

REFERENCES

1. Nash R. ABC of arterial and venous disease. Varicose Veins. *BMJ* 2000;320:1391-4.
2. Callam MJ. Epidemiology of Varicose veins. *Br J Surg* 1994;81:167-73.
3. Bergan JJ, Sparks SR, Owens EL, Kumins NH. Growing the vascular surgical practice: venous disorder. *Cardiovascular Disorders* 2001;9:431-5.
4. Sadick NS. Advances in the treatment of varicose veins: ambulatory phlebectomy, foam sclerotherapy, endovascular laser, and radiofrequency closure. *Dermatol Clin* 2005;23:443-55.
5. Bergan JJ, Schmid Schonbein GW, Smith PD, Nicolaidis AN, Boisseau MR, Eklof B, et al. Chronic venous disease. *N Engl J Med* 2006;355:488-98.
6. Clarke GH, Vaskedis SN, Hobbs JT, Nicolaidis AN. Venous wall function in the pathogenesis of varicose veins. *Surgery* 1992;111:402-8.
7. Walker R, Cate W. *Clinical Pharmacy and Therapeutics* 2012;5:333-5.
8. Deepali M, Dande P. Varicose veins: an overview of current and herbal treatments. *IJPSR* 2017;706:1959-66.