

totk Case scenario / Vascular

1st Case scenario: Lower limb ulceration (Case 51)

① Ulcer is defined as Discontinuity of skin or mucous membrane

② Causes of Ulceration ⇒

- venous
- Arterial
- Mixed
- RA
- sickle Cell
- Diabetic ⇒ Neurotrophic / Ischemic / Mixed
- Traumatic
- Infective: TB & Syphilis
- scleroderma
- pyoderma gangrenosum

③ Check the peripheral arterial pulsation, examine feet carefully for other ulcers or fungal infections, and Doppler is obtained.

Investigation ⇒ . CBC . ESR . Blood sugar
 . serum autoantibodies

④ Treatment of venous ulcers ⇒ The mainstay tx of venous ulcers is calf pump compression using multilayered bandages applied to lower leg + inspect the ulcer weekly to insure that it's healing, and bandages are replaced.

If the ulcer failed to heal with these measures, consider surgical debridement with a mesh skin graft application
 ↳ To avoid malignant transformation to myxoid ulcer.
 and treat the underlying cause

⑤ Check the sup. & deep venous systems by Duplex Doppler US, if the deep system is intact you can proceed for surgical intervention or ablation (Thermal / Chemical) to prevent disease recurrence & further complications. If the surgery is contraindicated advise pt to avoid long standing & to wear graduated elastic support stockings to prevent recurrence

2nd Case Scenario: Varicose Veins (Case 56)

- ① The most likely dx is varicose veins at the ~~3~~
Distribution of Long saphenous vein.
- ② Trendelenberg test would localize the possible site of incompetence, either at saphenofemoral Junction or at lower perforators.
- ③ The Erythematous skin patch signifies the presence of edema which necessitates operative intervention.
- ④ Imaging will include Doppler US bec it can confirm the presence of reflux & can assess the patency of the deep system. other alternatives include ascending venography.
- ⑤ Complications →
 - ① Bleeding
 - ② pigmentation
 - ③ superficial thrombophlebitis
 - ④ lipodermatosclerosis
 - ⑤ venous ulcer
 - ③ Edema