

ESTIMATION OF EFFECTIVENESS OF INTEGRATED TREATMENT OF VARICOSIS OF THE LOWER EXTREMITIES

**Kosimov Adham Lutfullayevich, Juraev Ganijon Gulomovich, Soliev Mukhammadjon
Bakhtiyar ogli, Bektasheva Gulbakhor Mukhammadisak kyzy.**

Andijan State Medical Institute

Abstract: Despite the rapid development of phlebology as a science and clinical discipline, to this day vein disease is an important medical and social problem. Some progress has been made in the diagnosis and treatment of this pathology, but it still remains relevant, due to its widespread prevalence. Due to the extreme prevalence of varicose veins, most patients are operated on in general surgical departments according to standard schemes without taking into account the individual characteristics of the disease. The main problem is the lack of a unified methodology for examining and comprehensive treatment of varicose veins and relapses, All this was testified by the author to improve diagnostic methods and search for the most effective methods for the prevention and treatment of varicose veins. In this scientific article, the authors analyze the postoperative complications of both the early and the distant postoperative period in the compared groups of patients with varicose veins. As a result of applying a comprehensive examination and treatment with compression sclerotherapy and pharmacotherapy, the author was able to reduce complications both in the early and in the distant postoperative period.

Keywords: varicose veins, combined phlebectomy, sclerotherapy, pharmacotherapy.

INTRODUCTION.

Among chronic vascular diseases, varicose veins of the lower extremities is the most common pathology. According to most experts, WB occurs in 20-25% of the working age of developed countries. It is accompanied by persistent functional and cosmetic disorders of varying severity, significantly reducing patients' feelings of healthy well-being and quality of life. In 15% of cases, decompensated forms of the disease with pronounced trophic disorders and recurrent ulcers are recorded, often complicated by acute thrombophlebitis with the threat of pulmonary embolism. Some progress has been made in the diagnosis and treatment of this pathology, but it still remains relevant. The frequency of early relapses of IB after surgical treatment reaches 75% in general surgical hospitals and 9.6% in specialized departments.

The aim of the study: to improve the clinical and cosmetic results of the treatment of varicose veins through the use of complex treatment.

Materials and methods of research.

Patients with lower extremity VB consisting of 155 people who were treated and operated on and observed in general hospital surgical departments and in the vascular surgery clinic of the ASMI aged from 17 to 65 years were examined. Women predominated - 90% (58.1%), men were 65 (41.9%). The most common VB patients suffered at the age of 21 to 50 years, which were observed in 135 (87%), were less common at the age of 30 and older. To assess the severity of morphological changes in the venous bed, the classification of the World Bank, adopted by a meeting of Russian experts in 2000, was used. Among the examined patients, most often there were patients with the 3rd and 4th clinical forms of the disease (common varicose veins and varicose veins in the presence of deep vein reflux), which were observed in 99 (63.8%), and in 56 (36.29%), the 1st and 2nd forms were diagnosed (intradermal and subcutaneous segmental varicose veins without pathological

venous venous reflux and segmental varicose veins with reflux along the superficial veins). Telangiectasia occurred in 15 patients, reticular type in 9, varicose veins in 131, CVI- in 7, trophic ulcers in 25. Of the examined patients, feelings of heaviness and fatigue were manifested in 88.3%, pain in the extremity - in 52.9%; convulsions in 35.5%; swelling on the legs in 31.6%; discoloration of the skin in 20%, peeling in 16.7% and trophic ulcers in 16.1% of patients. The duration of the disease ranged from 1 year to three years and on average is 14.5 years. Bilateral localization of VB was detected in 30.5%, lesions of the right lower extremities in 36.6%; left-36.1%; patients. Trophic skin disorders were noted in 10.9%; in 7.1% there were trophic ulcers. In order to objectively assess the clinical and cosmetic results, the duration of the inpatient period, the effect of pharmacotherapy and elastic compression on the course of VB, all patients, depending on the diagnostic studies conducted in the preoperative period, on the tactics of surgical treatment and management of the postoperative period, were divided into 2 groups. The B1 control group included 79 (50.9%) patients who underwent traditional methods of diagnosis and surgical treatment of VB with the usual management of the postoperative period for the period from 2013 to 2016. Patients of group 1 were operated in general stationary medical institutions. This contingent of patients with VB was subject to retrospective analysis. The main group 2 included 76 (49.1%) patients who were operated on by us in the period from 2016 to 2019. In this group of patients, compression sclerotherapy and pharmacological drug correction were performed in the pre- and postoperative period. Group 2 patients used a method of full-fledged surgical removal of VB. In the main group of patients, we used compression sclerobliteration of varicose veins both in the pre and postoperative period. "Ethoxysclerol" was used for sclerotherapy. Compression therapy was prescribed to all patients as an additional method after surgical treatment, during and after sclerotherapy, in combination with drug therapy. In the main 2-group of patients, Detralex (SEBVIER France) was used as a drug support in a standard dosage of 500 mg 2 times a day for 4 months. All patients of group 2 underwent ultrasound of venous blood flow both in the pre and postoperative period. The study was carried out using the AccivixV 10 device (Germany). In the 1st group of patients (79 people), traditional WB operations were mainly performed according to the method of Troyanov-Trendlenburg, Babcock, Narat and Sokolov. The patients were operated in general surgical hospitals. Examinations of these patients in the postoperative period were carried out in the specialized department of vascular and heart surgery of the ASMI clinic. This allowed us to judge the informativeness of diagnostic studies in the preoperative period, monitor the quality of preoperative preparation and evaluate the effectiveness of traditional surgical interventions performed in group 1. We paid special attention to the usefulness of the diagnostic studies carried out (ultrasound, ultrasound), the possibility of diagnostic errors during the diagnosis of the localization of perforant veins, as well as the incomplete surgical removal of pathological vertical and horizontal veno-venous blood discharges, the abandonment of a long stump of large or small subcutaneous veins in the mouth with preserved lateral tributaries.

Research results In the 1st group of patients, phlebectomy by the Troyanov-Trendlenburg, Babcock method was most often performed in 39 patients, which was (49.4%), and then in 31 patients (39.2%), the operation was supplemented by the removal of varicose veins by Narat. In group 1, 19 patients (24.2%) experienced complications in the postoperative period. So lymphorrhea occurred in 3; infiltration in the inguinal and hip area in 1 case; edema in the extremities in 7, lymphostasis in 2; hematoma in 2; thrombophlebitis in 3. As a result of the conservative measures carried out, the above-mentioned complications were stopped and disappeared only within 2-3 weeks, and sometimes more in the long term. In the postoperative period, in the period from 6 months to 2 years, late complications occurred in the form of CVI-in 8, strombophlebic syndrome in 5; trophic ulcers in 6; secondary lymphostasis in 5; recurrence of VB in 14; deep vein thrombophlebitis in 2 patients; ileofemoral phlebothrombosis in 1 patient. All patients with late postoperative complications underwent complex anti-inflammatory, nonsteroidal drugs, drugs that improve trophism, microcirculation and lymphatic drainage. The analysis of the complications that have arisen has shown that the main causes of complications in patients with 1-the group was an incomplete examination of patients at the preoperative stage, as well as technical errors during surgical treatment, undiagnosed varicose veins in the system of the small subcutaneous vein, low ligation of the large subcutaneous vein with the abandonment of branches,

not radical removal of the small subcutaneous vein, not complete ligation of the communicating veins, as well as insufficient treatment of the mouth tributaries of the main trunks, not removal the main trunk of the subcutaneous vein, not eliminated by stop varicose veins. One of the important and fundamental reasons for the development of late complications is that all these operations were performed by surgeons of a general surgical profile, when both vascular operations should be performed by highly qualified specialists working in the field of vascular surgery. The analysis of these complications is based on the results of a comprehensive clinical instrumental study using ultrasound Dopplerography.

Thus, based on the above, it should be pointed out that at the present stage of development of diagnostic techniques and therapeutic capabilities in phlebology, the causes of postoperative complications, including relapse of the disease, in our opinion, can be associated with: inadequate use of the capabilities of modern diagnostic methods, incomplete elimination of veno-venous blood discharges, underdiagnosis, inadequate treatment of insolvent perforant veins, as well as undiagnosed valvular insufficiency in the preoperative period, leading to an increase in venous hypertension in the distal parts of the lower extremities and contributing to the development of relapse of the disease.

In the 2nd group of patients (76 patients), a comprehensive examination and treatment was carried out using improved surgical methods in combination with compression and drug therapy. All these patients were fully examined and underwent surgical treatment in a specialized department of cardiovascular surgery. This allowed us to judge and evaluate the informativeness of the diagnostic research methods carried out in the preoperative period. Particular attention was paid to the quality of preoperative preparation, the technique of surgical intervention and the management of the postoperative period. At the same time, the effectiveness of pharmacotherapy and compression sclerotherapy was evaluated both before and in the postoperative period. The main objectives of pharmacotherapy in the 2nd group of patients during preoperative preparation, we believe: it is an increase in venous tone; improvement of lymphatic drainage function, elimination of microcirculatory disorders and relief of secondary inflammatory signs. For the purpose of preparation, the following drugs were prescribed (detralex, pentoxifilin, diclofenac), and local treatment was also performed (heparin ointment troxevazine, venolife, levomicol).

All these therapeutic measures contributed to a more favorable course of the postoperative period and prevented the development of postoperative complications. In the 2nd group of patients, we performed more advanced surgical interventions and most often performed Troyanov-Trendlenburg and Babcock operations, as well as applied the Narat technique, microflebotomy of the Cocket. In general, we performed combined types of surgery in 67 (88.2%), phlebectomy of the large and small subcutaneous veins according to Babcock, Narat in combination with microflebotomy were performed in 7 patients (9.2%) and Linton operations were performed in 2 (2.6%) patients. In the early postoperative period in 1 group of patients, complications occurred in only 4 patients, 1 patient had infiltration in the inguinal region, 2 more had edema in the limb, and 1 more patient had lymphorrhea. These complications that arose were easily eliminated and as a result of anti-inflammatory and physiotherapy treatment were eliminated in a short time. In the period from 6 months to 2 years, late postoperative complications occurred in 7 patients: 2 developed signs of CVI secondary lymphostasis in 1; postrombophlebic syndrome in 1 more patient. In connection with the complications that arose, we carried out complex therapeutic measures to eliminate them, which were targeted to improve microcirculation, lymphatic drainage and trophic. As a result of the treatment, it was possible to eliminate the above-mentioned complications in the late postoperative period within 1-1.5 months.

In group 2, we also performed compression sclerotherapy in the postoperative period to improve the clinical and cosmetic results of treatment of varicose veins. The drug ethoxysclerol was used at an optimal concentration depending on the diameter of the vein. During sclerotherapy, a puncture technique known as "the empty vein method" or "the Irish technique" was used. This method was used in 32 patients after surgical treatment.

Objective and subjective clinical and aesthetic results were evaluated on a 4-point scale before treatment and in dynamics 1 month after treatment and 1-2 years later. The use of compression sclerotherapy in the postoperative period improved the cosmetic and clinical results of surgical

treatment of varicose limb disease. Thus, summarizing the results of surgical treatment of varicose veins, it can be assumed that some progress has been made in the diagnosis and treatment of this pathology, but it still remains relevant. Many treatment options and surgical interventions have been proposed. This indicates the extreme complexity of the WB problem, the dissatisfaction of surgeons with the results of operations, which determines the constant search for the most effective methods of treatment. Based on the results of surgical treatment of VB, we came to the conclusion that it is necessary to use highly informative research methods, and also an integrated approach should be carried out in combination with phlebosclectosing compression and pharmacotherapy.

Conclusions:

1. When examining patients with varicose veins, the possibilities of UZDG should be widely used, which makes it possible to significantly increase the objectivity of the examination in comparison with traditional physical tests due to their lack of information content. Accurate and objective diagnosis of pathological veno-venous reflux in VB determines the result of treatment and the prognosis of the further course of the disease.
2. With combined treatment of VB, including the surgical stage, sclerobliteration of varicose veins, compression and pharmacological support, the number of early postoperative complications decreases by 19% and late ones by 3-3.5 times.
3. In order to improve clinical and aesthetic results, it is necessary to use the entire complex of therapeutic measures, including sclerotherapy, pharmacotherapy and therapeutic elastic compression.

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