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Orenburg State Medical Academy of the Ministry of health of Russia»

Faculty of surgery.

Tutorial to prepare for practical classes in the Faculty of surgery for the students of the course 4 medical, Pediatric, medical-preventive and dental faculties

**ACUTE VARIKOTROMBOFLEBIT OF LOWER LIMBS**

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Authors:

**Avchenko M.t., Demin D.b., Kondrashov N.i., Soldatov Yu.n., Sobolev Yu.a.**

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The tutorial presents the issues of etiology, pathogenesis, clinic, diagnosis, differential diagnosis and treatment of acute lower limb varikotromboflebita. The manual provides basic clinical data required for diagnosis and treatment. Such methodical building tutorial allows students a clear algorithm of thinking, analysis and action in this pathology.

The manual is intended to prepare for practical classes in the Faculty of Surgery students 4 course medical, Pediatric, medical-preventive and dental faculties.

Reviewers:

Chugunov A.n., Professor, merited doctor of the RUSSIAN FEDERATION, head of the Department of endoscopy, General and endoscopic surgery GBOU HPE Kazan State Medical Academy of the Ministry of health of Russia.

Tarasenko V. m.d., Professor, merited doctor of the RUSSIAN FEDERATION, head of the Department of hospital surgery and Urology GBOU HPE OrGMA of Ministry of health of Russia.

Tutorial considered and recommended for printing FIGURE OrGMA.

TABLE of CONTENTS

|  |  |
| --- | --- |
| Introduction ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... .... | 4 |
| Anatomic-physiological data ... ... ... ... ... ... ... ... ... ... ... ... ... | 5 |
| Etiology and pathogenesis of ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... .... | 6 |
| Classification ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... .... | 6 |
| Clinic ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... .... | 7 |
| Modern Diagnostics................................................... | 8 |
| Differential diagnosis ... ... ... ... ... ... ... ... ... ... ... ... ... .... | 9 |
| Conservative treatment ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... | 10 |
| Surgical treatment of ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... | 10 |
| Complications ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... | 1 2 |
| Prevention ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... | 1 2 |
| Questions for self-training ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... .... | 13 |
| Test job ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... | 14 |
| Situational tasks ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... | 1 6 |
| Answers to the test standards and jobs situation tasks.. | 19 |
| Suggested reading ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... | 21 |
| List of abbreviations ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... | 22 |

INTRODUCTION

The term "varikotromboflebit" are the most common form of thrombophlebitis, where the disease process strikes esophageal varix of lower limbs superficial veins. In the vast majority of cases it is a complication of varicose or posttromboticheskoj disease. Varikotromboflebit is considered to be one of the most common vascular disease, about which patients are treated in clinics and hospitalized in various surgical hospitals. This is due to the high incidence of varicose veins and posttromboflebiticheskogo lesions of the veins. How timely and properly diagnosed and treated, the patient's fate largely depends (Saveliev v.s., 2001). Tromboticheskij process in the subcutaneous veins may extend to the deep venous system via the safenofemoralnoe, safenopoplitealnoe fistula, perforating veins. In this case, a real threat of TAL. Even if it is not appearing in the subsequent PE posttromboticheskaja disease (PTB) require sophisticated, expensive, lengthy and sometimes lifelong treatment. In addition, for varikotromboflebita is characterized by relapsing course. If the disease emerged once and there was no radical treatment, there is a high likelihood that it will be repeated again and again. The need for re-admissions entails great material costs, reduces social adaptation and quality of life of patients (Yablokov S.g., et al., 1999).

Within this tutorial assumes development of students following competencies in accordance with the requirements of the GEF 3 generation: OK-1, PC-5, 17, 19, 20, 27.

**The purpose of the study topics:**

1. Learn at the level of perception on the etiology and pathogenesis of acute memory varikotromboflebita lower limbs.

2. Skills training for clinical diagnosis of varikotromboflebita.

3. Establish a programme of treatment and prevention of complications of acute varikotromboflebita.

ANATOMIC-PHYSIOLOGICAL DATA

Rear finger veins, venous network affiliated to the rear foot, anastomose with each other, forming a skin back arc foot. This Ends the arc continues in the proximal direction, forming two longitudinal trunk: medial and lateral boundary Vienna. Continuation of these veins on the lower leg are accordingly big and small subcutaneous veins. Large subcutaneous vein (BPV) (v. saphena magna) is formed by the front edge of the medial ankle, then continues on perednevnutrennej surface of the legs and thighs, taking numerous tributaries on its way is the area of oval holes, going deep inside, It flows into the common femoral vein (VBOS). It should be noted that the tibia BPV is located in close proximity to n. saphenus that provides innervation to the skin of the medial surface of the tibia and the femur. This feature should be taken into account in the operational intervention, because damage (n) . saphenus can lead to lengthy and sometimes life violations in the form of paresthesia and kauzalgij.

Small subcutaneous Vienna (WRI)-(v. saphena parva) is formed between the lateral ankle and her Achilles ' (ahillovym), the tendon continues proximally on the posterior surface of the tibia, the first SC, then between leaves fascia Shin. Reaching the popliteal region, ILA probodaet deep piece of fascia and into the podkolennuju vein (Tor). In the upper third of the tibia IRP forms many anastomoses with the system of BPV (Vishnevski a.s., 1949). Throughout WRI accompanies n. m. transversus surrae medialis, innervirujushhij skin posteromedial surface of the tibia. Intra-operative damage to this nerve can cause neurological disturbances.

The major feature of the venous vessels is the presence of valves ensure unidirectional blood flow centripetal.

The valves of the veins usually folding, but sometimes there are single. Shutter valves perforant veins towards the deep venous system. In the area of the mouth of BPV and WRI have ostialnye valves, normally to ensure unidirectional blood flow, thus, venous blood must be done from the surface to the deep system via perforating veins safenofemoralnye (SPS) and safenopoplitealnye (ATP) soustja overcoming the force of gravity.

This is facilitated by the active work of the muscular venous pump "-" pulse rhythmic compression accompanying, intimately arranged arteries, prisasyvajushhee action of the diaphragm, the negative pressure in the right parts of the heart.

ETIOLOGY AND PATHOGENESIS

Varicose-veins constitute a particularly "beneficial ground" for the development of thrombosis, as amended by the vascular wall and blood flow retardation serve as major causes of thrombosis. Also important are insolvency veins valve apparatus, changes of adhesive-there properties of uniform blood and plasma hemostasis amid hyperemia (Saveliev v.s., 1972).

Acute varikotromboflebit may also be secondary and complicated for many diseases occur in the postoperative period, especially when performing extensive traumatic operations on thoracic and abdominal organs. It may be iatrogenic in nature after you perform the catheterization veins of the lower extremities. Collecting history have not adapted social group of patients, you should be aware of the possible "injection" thrombophlebitis in the introduction of drugs. A small number of cases of thrombophlebitis occurs visually unchanged subcutaneous veins. In this case, you need to be especially careful not to miss his Paraneoplastic nature. In the vast majority of cases, varikotromboflebit begins in the great saphenous vein (BPV) or its tributaries, much less in the small saphenous vein (WRI). When restricting thrombosis inflammatory lesions of Vienna thereafter occurs recanalization of thrombus organization or that ends with either a full obliteratiei of Vienna, or destruction and failure of the affected veins valve apparatus. Another variant of development of disease increase thrombosis in proximal direction, often with flotirovaniem head of a blood clot. Therefore, plan appropriate treatment should be only having accurate data about the State of the affected venous channel.

CLASSIFICATION

Localization:

1. acute varikotromboflebit in the basin of the great saphenous vein

2. acute varikotromboflebit in the pool of small saphenous vein

3. acute varikotromboflebit in the pool of large and small hypodermic

veins

Prevalence:

1. Local acute varikotromboflebit

-without the tendency to spread

-with a tendency to spread

2. Progressive (ascendant, flotirujushhij) acute

varikotromboflebit

For complications:

1. Uncomplicated acute varikotromboflebit

2. Complicated acute varikotromboflebit (TAL, with the transition process of thrombosis in deep veins, periflebit and paravazalnaja Phlegmon)

CLINIC

Recognition of acute varikotromboflebita often does not cause significant issues. The clinical picture is determined by the process of thrombosis localization, prevalence, duration and degree of involvement in inflammation of the surrounding tissue (i.e. periflebita). Usually prevail local symptoms, overall patients usually remains relatively satisfactory. Patients concerned about pulling pain on the go trombirovannyh veins, limiting movement in the limbs, less the total temperature rise. Visually noted hyperemia in the projection of the enhanced Vienna, degree of periflebita can significantly vary from 1 cm to 3-3, 5 cm in width.

In parallel, the "shnurovidnyj" identifies a painful tension bar with increased skin temperature, skin giperjestezija. Bright hyperemia and increased skin temperature characteristic of the early days of the outbreak of the disease, to 5-7 the day usually take place, the skin becomes cyanotic-brownish tint. It should be noted that trombirovanne the affected veins, unlike the varicose-enlarged spadajutsja not lying. General swelling of the limb is missing. Clinical manifestations of thrombophlebitis in the basin of the IRP is not so bright. Sketchy leaf own fascia covering Vienna, prevents the spread of periflebita in the hypodermis, hyperemia skin not expressed. Often the only soreness in the projection of the IRP allows suspect this disease. Particular attention should be paid to the localization and the incidence of thrombophlebitis. You need to determine whether the mainline trunk amazed saphenous vein or trombirovany only its ducts. After the establishment of the boundary defined in the proximal thrombosis tactics of patient-conservative or operative. The most dangerous rising form varikotromboflebita. It really threatens patient spread thrombosis in deep veins and the development of PE. Rate of rise of thrombus depends on many factors and it is difficult to predict. 30-40% of patients have the true incidence of a thrombosis is greater than the 15-20 see. clinically defined signs of thrombophlebitis. This should be taken into account for correct address issues surgical tactics. Therefore, to determine the true level of the proximal thrombosis require instrumental Diagnostics (Saveliev v.s., 2001).

MODERN METHODS OF DIAGNOSTICS

Currently, the most informative diagnostic guide that allows you to verify the thrombosis subcutaneous veins and establish the limits to its proximal spread is the ultrasonic duplex angioscanning (UZDS) with color mapping blood flow. UZDS runs as a matter of urgency if the treatment of the patient, as well as dynamic surveillance and conservative treatment in the form of control on 2-3-7 day. Until the clot is localized in the subcutaneous Vienna, he does not threaten the patient's life the development of pulmonary embolism due to fixing to the wall of the vein.

However, often there are situations when the affected vein near the mouth has a large diameter, and top brain is flotirujushhij in nature. In these cases, the clot actually tops the detachment threatens development of TAL. When UZDS examined deep venous channel throughout, as occurs tromboticheskoe defeated a combined surface and deep venous systems. In standard volume UZDS necessarily includes the study of venous Riverbed not only the patient but also the kontrlateralnoj limb to exclude possible simultantnogo thrombosis, which is often asymptomatic.

Rentgenokontrastnaja venography is not currently running.

Role of laboratory diagnosis is not great. In the clinical blood analysis detected moderate Leukocytosis, increased ERYTHROCYTE SEDIMENTATION RATE, explores the components of hemostasis-SUN, Petit.

As an additional diagnosis: abdominal ultrasound, chest x-ray.

DIFFERENTIAL DIAGNOSIS

Differentiate acute varikotromboflebit need the following diseases (B.g. Nuzov et al., 2008):

1. Limfangiit

2. Erysipelas

3. Lymphostasis

4. acute Phlebothrombosis

5. Infringement of femoral hernia.

         **Limfangiit** -acute inflammation of the lymph vessels in the form of stvolovogo or net losses. There is bright hyperemia as longitudinal bands, patients are experiencing itching, burning, it is very important to identify the primary Pyo-inflammatory hearth, localized on the fingers, foot or lower leg. Limfangiit is a complication of purulent. When this expansion of superficial veins, mostly absent.

     **Rojistoe inflammation** is acute serum-progressive inflammation of the skin caused by Streptococcus mutans. Emit: jeritematoznuju, bulleznuu, bullezno-necrotic forms of Erysipelas

inflammation. More often with thrombophlebitis differentiate form jeritematoznuju rye, which is characterized by a sharp increase in the temperature of the local and General, extreme pain at the slightest touching the surface of the skin. Fairly rapidly "bubbles" (Bulla) with izgyazwleniami and necrosis. Unlike thrombophlebitis Rózsa had no clear connection with the localization and the venous system.

     **Lymphedema** is a disease due to a violation of lymph drainage in the skin, subcutaneous tissue. Occurs a gradual thickening of the lower extremities, swelling of tight skin is dry, fold, varicose veins is missing.

     **Acute Phlebothrombosis** -manifest raspirajushhim swelling of the limbs. The skin becomes pale cianotichnuju color. Identifies the difference in circumference of lower extremity on tibia (and hip), compared with a healthy foot. There is no skin hyperemia. Diagnosis is verified using UZDS.

     **Incarcerated femoral hernia** -sharp pain manifests itself, previously nevpravimostju vpravimoj hernia, absence of symptom "kashlevogo» jolt. More women suffer. A history of gryzhenositelstva. Varicose superficial veins is missing, just as there is no hyperemia and soreness in the course of the Neurovascular bundle on the thigh.

CONSERVATIVE TREATMENT

Treatment of acute varikotromboflebita should be comprehensive and include: limited mode, flexible compression, mild inflammation, venotonizirujushhuju and antiagregantnuju therapy, topical treatment.

In establishing the diagnosis of acute varikotromboflebit patients hospitalized in surgical (better specialized-angiohirurgicheskoe) Office for dynamic monitoring and determining treatment tactics mode, limited to bed rest. Elastic compression is achieved by overlapping elastic bandage or special medical elastic compressive stockinet (II class of compression). For edema inflammatory phenomena are appointed by npvs, nonnarcotic painkillers and desensitizing preparations, broad-spectrum antibiotics. Necessarily assigned flebotonizirujushhie drugs (anavenol, troxevazin, detralex, flebodia 600, antistax, vazoket).

Common anticoagulant therapy for superficial thrombophlebitis is not shown. Prescribed antiplatelet agents (aspirin 100 mg, 75-100 mg tromboass, tiklopidin, kardiomagnil). In the complex treatment of local therapy is of great importance, because the inflammatory process localized at the surface tissues (skin, subcutaneous cellular tissue). The appointment of poluspirtovyh compresses, compressor with ointment Vishnevsky, geparinova ointment has historical significance and is not currently used. Highly effective have drugs on the basis of gels (lioton 1000, venolajf, gepatotrombin, trombless). Effective anti-inflammatory action has developed product for local treatment-miliacil. In the absence of contraindications to effectively blend into local treatment with the appointment of Physiotherapeutic treatment (UHF, magnetotherapy, ultrasound). When using integrated conservative therapy of acute severe varikotromboflebita and periflebita observed since 3-5 days and finally happens on the 7-10 day.

OPERATIVE TREATMENT

Indications for operative treatment acute varikotromboflebita are strictly individual and depend on the clinical picture and the prevalence of the disease process.

Emergency surgery shows patients with clinically and according to UZDS identified in ascending or flotirujushhij varikotromboflebit large or small subcutaneous veins. Regardless of age, comorbidity, with the aim of preventing the transition process of thrombosis in deep veins, and PULMONARY ARTERY THROMBOEMBOLISM prevention under local anaesthesia is performed safenofemoralnaja or safenopoplitealnaja krossjektomija. Further, removing the threat of thromboembolic complications, conducted a full integrated course of conservative treatment and further examination of the patient.

Surgical treatment in the deferred order shown on the 5-7 day in the absence of contraindications, or after cupping phenomena periflebita by only conservative treatment, or after krossjektomii and conservative treatment.

When doobsledovanii during this period to exclude contraindications patients conducted an ultrasound examination of internal organs, chest x-ray (to exclude the paraneoplasticheskogo nature of trombophlebitis), ECG, inspection related specialists. Radical surgery is to remove varicose-extended and trombirovannoj saphenous vein in the basin of BPV or WRI combined method for Sidorinoj, Kokkettu, Naratu.

COMPLICATIONS

Complications of acute lower limb varikotromboflebita include:

1. go on deep veins thrombus via SPS (SPS) or perforating veins with the development of acute Phlebothrombosis of lower limbs.

2. TAL:

and smaller branches)

b) solid

3. Purulent thrombophlebitis with a transition in flegmonu limb

When migrating a blood clot in the deep veins and the development of acute Phlebothrombosis appears raspirajushhij swelling, pain in the leg. Further therapeutic tactics conducted according to the principles of treatment of deep Phlebothrombosis.

Thromboembolism of small branches of the pulmonary artery will manifest blood-tinged sputum, cough, chest pain, shortness of breath. ECG diagnosed pravogramma. When the chest x-ray-magic heart attack of pneumonia. The treatment adds anticoagulants, fibrinolitiki. Massive PE occurs instantly and suffocation, unconsciousness, blue kicks in the head, neck, and upper torso. The clinic is leaking at lightning speed and often ends with fatal consequences.

If nagnoenia infiltrate paravazalnoj fiber and purulent melting trombirovannoj veins progressing Phlegmon limbs-fever, symptoms of purulent intoxication of the organism, with signs of swelling of the affected segment fluctuations limb. Hirurgicheskre treatment shown in volume autopsy, readjustment and purulent drainage.

PREVENTION

According to statistics, patients suffering a long time varicosity at risk of acute varikotromboflebita most often. In this regard, to talk about the prevention of acute varikotromboflebita in the context of the need to timely diagnosis and treatment of varicose veins. This applies not only to the surgical and flebosklerozirujushhego treatment. Not a small category of patients, identifying contraindications to radical treatment we recommend that you follow the basic rules: constant elastic compression, welcome flebotonikov, antiagregantov, therapeutic gymnastics. Ignore prevention, denial or fear of timely readjustment in patients suffering from varicose or posttromboticheskoj disease, promotes the development and recurrence of the inflammatory process.

QUESTIONS FOR SELF-STUDY

1. Anatomy of venous bed of the lower limbs.

2. Physiology of venous blood.

3. Etiology and pathogenesis of acute varikotromboflebita.

4. Classification.

5. The clinical picture.

6. Methods of diagnosis.

7. Differential diagnosis.

8. Conservative treatment.

9. Operative treatment.

10. Complications.

11. Prevention.

TEST TASKS

Select one or more correct answers

1. Acute varikotromboflebit this

1) thrombosis of Portal vein

2) aneurysm of the common femoral vein

3) inflammation and thrombosis of large or small saphenous veins

4 humeral vein thrombosis)

5) phlebitis shoulder Vienna

2. in the diagnosis of acute varikotromboflebita the most informative is

1) to venography

2) UZDS veins

3) palpation

4) rheovasography

5) thermography

3. for acute varikotromboflebita characteristic

1) "syndrome peremejateisa hromota»

2) existence of trophic ulcers limb

3) pain and hyperemia's saphenous vein

4) numb toes

5) absence of pulsations in the arteries of the foot

4. in the local treatment of acute varikotrombo-phlebitis apply

1) phlebosclerosing treatment

2) combined direct action

3) vein tonics

lioton 1000 gel) 4

5) angioprotectors

5. Large subcutaneous vein empties into the

1) common femoral vein

2) podkolennuju Vienna

3) in vorotnuju vein

4) in outer ileum Vienna

5) in the lower hollow vein

6. Krossjektomija this

1) thrombectomy of femoral vein

2) remove large or small saphenous vein

3) ligation of great saphenous vein

4) removing ateromatoznoj plaque

5) intersection and bandaging BPV or WRI with its tributaries near the mouth of the

7. Acute varikotromboflebit differentiate from

1) Erysipelas

2) obliterating endarteritis

3) Raynaud Disease

4) limfangiita

5) atherosclerosis obliterans

8. complications of acute varikotromboflebita

include

1) gangrene of the foot

2) pileflebit

3) PE

4) acute myocardial infarction

5) acute violation of cerebral circulation

9. contraindications for acute krossjektomii

ascending varikotromboflebite is

1) age of patient

2) diabetes mellitus

3) cardio-vascular insufficiency

4) bronchial asthma

5) local throm amid PTB

10. in the prevention of acute varikotromboflebita

fundamental factors are

1) diet

2) early identification and rehabilitation of patients with varicose

disease

3) using elastic compression

4) use of anticoagulants

5) phlebosclerosing treatment

SITUATIONAL TASKS

Objective No. 1

Patient, 58 years requested surgical hospital emergency room complaining of a painful induration, redness of the skin in the left lower limb through 5 days of onset. In history we know, that suffers about 30 years in varicosity, associated with pregnancy, childbirth. Alone is not treated. When a physical study identified "shnurovidnyj" painful infiltration with hyperemia left Shin and thigh saphenous vein along the way, palpiruemyj to the border with middle-upper third of hip width 2.5 cm. Total body temperature is not enhanced.

PRELIMINARY DIAGNOSIS. METHODS OF DIAGNOSTICS AND SURGICAL TACTICS.

Task No. 2

The patient, 38 years of age taken Ambulance Brigade in surgical hospital admissions department with the preliminary diagnosis is "Acute right lower limbs superficial thrombophlebitis. Presents the complaints of redness on the inner surface of the anterior right tibia and femur, improving overall body temperature, chills. On examination: 4-5 toes of the right foot with the transition to the rear of the foot has a large Pyo-necrotic wound 6.5 x 5.0 cm with purulent otdelemam. On the anterior-medial surface of the right tibia and femur "polosovidnye" pockets of hyperemia. Visually-superficial veins are not extended. And popliteal fossa projection under the inguinal crease right dense, palpable enlarged and painful lymph node packages. Oedema of the lower extremity is not.

THE CORRECT DIAGNOSIS. EXAMINATION AND TREATMENT PLAN.

Task No. 3

Patient p., 65 years old, approached the reception area of a surgical hospital in surgeon clinics with a tentative diagnosis: acute superficial thrombophlebitis right tibia. Considers himself sick about 5 days, when there were redness, induration and tenderness in the lower third of the right tibia. Objectively: against the background of enlargement expressed surface venous network on the back-the medial surface of the lower third of the right tibia has a trophic ulcer 2.5 x 2.0 cm, coated with fibrin. On the border between central-upper third of the tibia on the medial surface of the posteromedial hearth hyperemia and infiltrate 1.5 cm wide, with a length of 8-9 cm, reaching up to slit the knee joint. From history we know that earlier 30 years ago suffered a deep vein thrombosis at the same lower limb, suffers from chronic venous insufficiency 3 art.

Preliminary diagnosis. plan examination and treatment.

Task No. 4

Ambulance Brigade in surgical hospital admissions department delivered sick, 70 years in serious condition complain of shortness of breath, a feeling of lack of air, coughing up streaks of blood. A long time suffer varicosity of the lower extremities. Found that about a week ago appeared a painful induration and hyperemia's varicose-enlarged veins on left leg. Medical care is not sought. When extra performed ultrasound showed signs of acute flotirujushhego varikotromboflebita left Shin and thigh with the transition of a fragment of a blood clot in one of the extended perforant veins in the lower leg

NAME COMPLICATION. DIAGNOSTICS FOR VERIFICATION.

MEDICAL TACTICS.

Task No. 5

A. patient, 26 years after pregnancy and delivery within 7 years progresses varicose superficial veins on the right lower limb. Asked by angiohirurgu in connection with the appearance of painful infiltration on the medial surface of the right tibia. When urgently executed UZDS veins revealed that large subcutaneous Vienna expanded throughout, ostialnyj and five valves valve perforant veins are invalid, a partial thrombosis trunk BPV from the bottom to the middle third of the tibia with no signs of tires.

SURGICAL TACTICS. TYPE OF OPERATION.

Task No. 6

In the surgical hospital admissions Department contacted the patient, 51 years, complaining of severe pain, swelling and redness on her left Shin. Considers himself a sick 2 days. When inspecting the left Shin, edematous skin evenly bright crimson colouring, traces of scratching and minor abrasions. Palpation of the skin sharply painful skin hot to the touch. When you run UZDS-superficial and deep veins of passable, not extended, wealthy.

DIAGNOSIS. NEED TO CONSULT ANY SPECIALIST

Task No. 7

Sick l., 78 years old, was in the apartment of one doctor and only through 7 days from the onset of the disease. From history we know that suffers varicosity for a long time. Repeatedly in the past endured acute varikotromboflebit. About a week ago the newly appeared painful induration, hyperemia. Alone is not treated. For the past day appeared and naros swelling of legs and thighs raspirajushhego nature. The difference in the volume of the right lower limb, compared to left + 8 cm.

DIAGNOSIS. PATHOGENESIS DEVELOPMENT. MODE OF TRANSPORT.

Task No. 8

Patient z., 83 years old, a long time suffer PTB veins of lower extremities, CVI 3 calendar, as well as severe heart failure, poliosteoartrozom. Gets the conservative treatment on Lung 5 days ago acute varikotromboflebita left Shin. Inspection-a localized infiltrate in the projection of pritokovoj branch of BPV Shin, without tendency to proksimalnomu.

MEDICINES TO TREAT. THE PURPOSE OF ELASTIC COMPRESSION.

Task No. 9

Patient n., 48 years old, was admitted to hospital with symptoms of acute superficial thrombophlebitis of the right tibia. When inspecting and data UZDS-varicose disease excluded. Showed signs of right-hand hydrothorax, ascites in the abdomen. History-weight loss last 5-6 months. Exhausted. Oedema of the lower extremity is not.

THE PROBABLE CAUSE OF THROMBOPHLEBITIS. ADDITIONAL DIAGNOSTICS. FORECAST.

Task No. 10

The preventive examination requested patient m., 29 years. From the history it is clear that the parents through the maternal line (including Grandma) suffered from the disease veins. The patient first signs of venous insufficiency-left few are advanced venous sites on tibia with signs of skin hyperpigmentation, present with symptoms of skin redness on them.

The DIAGNOSIS. THE PLAN OF SURVEY. TREATMENT.

ANSWER STANDARDS TEST JOBS

|  |  |  |  |
| --- | --- | --- | --- |
| NO. | Response | NO. | Response |
| 1 | 3 | 6 | 5 |
| 2 | 2 | 7 | 1.4 |
| 3 | 3 | 8 | 3 |
| 4 | 4 | 9 | 5 |
| 5 | 1 | 10 | 2.3 |

STANDARDS TO ANSWER SITUATIONAL TASKS

Objective No. 1

Sharp varikotromboflebit ascendant left Shin and thigh.

UZDS veins of lower limbs.

Emergency operation-Krossjektomija.

Task No. 2

Pyo-necrotic wound of the right foot, abnormal stem

limfangiitom, inguinal and poplitealnym lymphadenitis.

UZDS veins, laboratory tests (including blood sugar).

Treatment-rehabilitation of purulent.

Task No. 3

Sharp varikotromboflebit right tibia against the backdrop of the PTB.

UZDS. Laboratory tests.

Conservative treatment-General and local therapy.

Task No. 4

Pulmonary segmental branches of the pulmonary artery.

Chest x-ray, ECG.

Treatment in conditions of the resuscitation Thrombolysis (fibrinolitiki, combined direct action, correction of cardiovascular and pulmonary diseases).

Task No. 5

Preparing for an urgent surgical treatment.

Radical surgery is Phlebotomy.

Task No. 6

Rojistoe inflammation of the left tibia eritematosnaya form.

Consultation of doctor-infectiologist.

Task No. 7

Acute Phlebothrombosis ileofemoralnyj on the right.

Moving thrombus via SPS or perforating veins on deep

the venous system.

Transportation on wheelchair MSP in the car (no walking!).

Task No. 8

Vein tonics, antiplatelet agents, npvs. Locally geparinsoderzhashhie gels

(lioton 1000 gel, venolajf, trombless, etc.).

Elastic compression (flexible elastic, special medical 2-3 compression class Jersey) goal is prevention of PULMONARY ARTERY THROMBOEMBOLISM.

Task No. 9

Paraneoplastic process.

ULTRASOUND of the abdomen and retroperitoneum, radiography

thorax (search primary cancer lesion growth!).

The prognosis is unfavorable.

Task No. 10

Spicy varikotromboflebit left Shin.

Urgent hospitalization in the surgical hospital, minimal survey (required UZDS veins!).

Surgical treatment-varicose vein surgery.

RECOMMENDED LITERATURE

(a)), the principal educational literature

1. Saveliev v.s., Kiriyenko A.i. surgical diseases. Tutorial, t. 1-2, m., geotar-media.-2006.

2. Lecture of the Chair.

b) additional training literature

1. Savelyev V.s. "50 lectures on surgery." m., 2004.

2. Konstantinova G.d. varicosity treatment Workshop/G.d. Konstantinova, P.k. Voskresensky, o. Gordina, etc.-m profile, 2006.-188 c.

3. Shevchenko Yu.l., Stojko Yu.m., Best, M.i. et al. clinical Basics of Phlebology/ed. Y.l. Shevchenko-m., 2005.0-398 with.

LIST OF ABBREVIATIONS

1. BPO is a big hypodermic Vienna

2. SUN-clotting time

3. WRI-small subcutaneous Vienna

4. NSAIDS-non-steroidal anti-inflammatory drugs

5. The VBOS-total femoral vein

6. Pkv-popliteal vein

7. PTB-posttromboticheskaja disease

8. PETIT-prothrombin index

9. The ESR-erythrocyte sedimentation rate

10. SFOR-safenopoplitealnoe fistula

11. SPS-safenofemoralnoe fistula

12. TAL-pulmonary embolism

13. UZDS-duplex ultrasound