

Venous Disease has a Significant Impact on Quality of Life and Work Productivity

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Description

Venous ulcers are the most common form of leg ulcers. Venous disease has a significant impact on quality of life and work productivity. In addition, the costs associated with the long term care of these chronic wounds are substantial. Although the exact pathogenic steps leading from venous hypertension to venous ulceration remain unclear, several hypotheses have been developed to explain the development of venous ulceration. A better understanding of the current pathophysiology of venous ulceration has led to the development of new approaches in its management. New types of wound dressings, topical and systemic therapeutic agents, surgical modalities, bioengineered tissue, matrix materials and growth factors are all novel therapeutic options that may be used in addition to the "gold standard," compression therapy, for venous ulcers. This review discusses current aspects of the epidemiology, pathophysiology, clinical presentation, diagnostic assessment and current therapeutic options for chronic venous insufficiency and venous ulceration.

Venous leg ulcers are responsible for more than half of lower extremity ulcerations, with an overall prevalence ranging from 0.06% to 2%. This variance may be due to contributory factors including the use of overall versus point prevalence; the inclusion or exclusion of foot ulcers; the age and gender distribution of the patient series; the methodology used to identify patients; the patient's often inaccurate assessment of ulcer duration, healing, and recurrence; and the lack of a uniform. Venous blood flow of the lower extremity is divided into 3 components: The superficial, communicating and deep veins. The superficial system comprises both the long and short saphenous veins and their tributaries. The long saphenous vein originates from the medial end of the dorsal venous arch of the foot and ascends the leg and thigh medially. It joins the femoral vein just below the inguinal ligament. The lesser or short saphenous vein originates from the lateral aspect of the dorsal venous. The clinical history of patients with venous ulceration is characterized by the lack of specific symptoms. There is variable

discomfort associated with venous ulcers, the severity of which varies unpredictably between patients and their particular ulcers. The surface area of the ulcer does not correlate well with the presence of pain. Deep ulcers, particularly around the malleoli, or small venous ulcers surrounded by atrophies blanche are the most painful. Patients with venous ulcers commonly. Most epidemiologic studies on chronic venous insufficiency are cross sectional surveys that suggest potential risk factors by describing their study population. However, these relationships could be due to the older age of the population with chronic venous insufficiency. Scott, et al., conducted a prospective dual case control study to address this issue. They found that in addition to being older, patients with chronic venous insufficiency tend to be obese.

Venous disease in the legs occurs very commonly in the general population in Western countries. Around one third of women have trunk varices. A lower prevalence has been observed in men but some recent surveys have suggested that the occurrence in men may be comparable to that in women. The prevalence increases with age but the incidence of new cases appears to be constant throughout adult life. Open venous ulcers occur in about 0.3% of the adult population and a history of open or healed ulceration occurs in around 1%. The etiology of chronic venous disease in the legs is unknown. A genetic predisposition may be present but evidence for this and for a mode of inheritance is lacking.

There is some suggestion that prolonged standing may be a risk factor but studies are open to considerable bias. In women, obesity and previous pregnancy has been associated with the presence of varicose veins but the evidence is inconsistent. There have been few well conducted studies examining diet and bowel habit as a risk factor. The risk of ulceration is related to the severity of varicosities and venous insufficiency, and is increased following deep vein thrombosis. Much further research is required to investigate the cause of this common condition in the general population.