



Venous Insufficiency: Obscure and Elusive Disease

By Joseph Magnant, MD, FACS

I have written more than 20 different articles over the past few years about venous insufficiency highlighting the different patient types and presentations of this common disease. Just when I feel as though I have seen every possible clinical presentation or story, another patient with a different story walks through our doors. It remains clear to me that our continued efforts at sharing our clinical experience regarding the various and often obscure presentations of symptomatic venous insufficiency are well worth it.

Of the estimated 35-40 million adult Americans who suffer from significant superficial venous insufficiency, or venous reflux disease, many are focused solely on its visual or cosmetic impact and are often unaware of the other physical problems they have which may be related to this disease. Many physicians are also involved in the care of this large group of patients; however the signs and symptoms of significant venous insufficiency

are often elusive. Patients may have undergone dermatologic biopsy of discolored skin around the ankle, with resultant difficult to heal biopsy sites. Others may have undergone cardiology evaluation for leg swelling or fluid overload; urologic evaluation for bladder problems manifest as nocturnal urination (night time urination); or neurologic evaluation for neuropathy, leg cramps or restless legs syndrome. Others may have spent months undergoing wound care for what were thought to be “diabetic ulcers” or other traumatic ulcers. Rather than thinking of just Varicose veins or spider veins, one must consider these more unusual presentations of VENOUS INSUFFICIENCY.

The role of the modern, educated and dedicated Vein Specialist is to educate both patients and physicians of all specialties regarding the routine as well as the more obscure presentations of venous insufficiency. Equally as important as the training, skill and dedication of the Vein Special-

ist are the same three qualities of the Vascular Technologist. Unlike the CT scan or MRI, both of which gather and present radiographic data in a standardized and mechanized fashion for final interpretation by the physician, quality ultrasonography of any organ system or blood vessel is critically dependent on the skill, training, experience and training of the individual technologist. In the field of Phlebology, or Venous Disease management, establishing the presence or absence of deep venous thrombosis or superficial venous thrombosis is only one goal of the exam. The most critical goal in the evaluation of patients with one or more of the myriad of symptoms which fall under the broad umbrella diagnosis of Venous Insufficiency is the identification of specific insufficient or leaky veins as well as the stratification of severity of the insufficiency. Many patients have more than one of the potential 5 superficial leg veins identified as insufficient and 5-10% of our patients have combined superficial and deep vein insufficiency.