



Swollen, Discolored Legs

Skin disorder, or vein disease?

For 38 years, William "Bill" Malcolm worked as a pressman for a custom folding carton business in Buffalo, New York. When he first retired, he and his wife were on the move as snowbirds, but now they live in Florida full time. "We started out by doing five years of over-the-road camping," he shares. "We bought a big fifth wheel, and we camped seven months down in Florida and five months up in the Buffalo area. Now we live in Worthington Country Club on a golf course, so I play golf three or four times a week."

Off the golf course, Bill also enjoys swimming, fishing and spending time with his grandkids. Being so active, Bill is on his feet a lot. Earlier this year, he started noticing some strange skin changes in his legs.

"Both legs started to turn a different color," he describes. "They were looking purplish. On my right leg, I had little pimples similar to acne when you're young. But they weren't the type of pimples that you'd want to break; they were like little bubbles, almost like blisters."

"My legs also began to swell. I had to elevate my feet as often as I could. At night I had to spend a lot of time in my lounge chair."

Bill's first instinct was to seek the advice of his primary care physician, who suggested wrapping his legs in petroleum jelly at night and wearing compression stockings by day. When Bill's legs showed little improvement, his doctor referred him to a dermatologist.

"The dermatologist took a biopsy of one of the affected areas, and it came back negative, which was good," says Bill. "Then the doctor advised me to go to Dr. Magnant."

Joseph G. Magnant, MD, is a board-certified vascular surgeon who specializes in vein treatment. His practice, Vein Specialists, which has offices in Fort Myers and Bonita Springs, is dedicated to the modern evaluation and minimally invasive treatment of leg vein disorders.

"Bill's condition is called *stasis dermatitis*," explains Dr. Magnant, "and it's not uncommon. It is a manifestation of venous disease that presents as a skin disorder as opposed to large varicose veins or spider veins. Because it's a skin disorder, it's often not investigated as a vein problem, but it needs to be."

Dr. Magnant is passionate about recognizing and treating venous disease in all its forms, and that passion was the first thing that impressed upon Bill when he met the gregarious surgeon. Bill was amazed by what he learned about vein disease from Dr. Magnant, and the best way to correct it.

"Dr. Magnant is one of a kind," remarks Bill. "He's very personable. He told me there was little venous blood flow in my legs. He said the compression socks were only a temporary fix, but what he was going to do would completely repair my legs. They would be as good as new."

"He told me a little bit about himself and about the procedure [he would use]. There were no hidden factors as to what to expect, and he explained what the outcome should be. It's been everything he said it would be."



JOSEPH G. MAGNANT, MD, FACS, RPVI

The vein lesson

After a lengthy career as a superintendent with Lockheed Martin in California, Walter* retired and relocated to sunny Florida where he's been residing for nearly 19 years. Walter enjoys the climate in the Sunshine State, and because he's originally from Seattle, he was fully prepared for the rainy summers.

Now in his eighties, Walter isn't quite as active as he used to be, but he still likes the outdoors and working in his yard. He had to give up his favorite pastime, however, when he, too, began experiencing swelling, discomfort and discoloration in his legs.

"I had some pain when I tried to wear casual shoes, like Gators, where you slip your foot in them. I'd be okay for an hour or two; but after that, I couldn't continue to wear them. It was hard to get my foot in one of those, let alone in a closed toe shoe."

Like Bill, Walter sought the counsel of his primary care physician. Walter's doctor recognized that Walter's veins were an issue.

"He didn't know what was making my legs swell or why the discoloration was there," notes Walter.

Aware that Walter needed a specialist's expertise, Walter's primary care physician referred him to Dr. Magnant.

"My primary doctor looked at the discoloration and at the way my ankles swelled," relates Walter. "He said, *That's not arthritis. You need to see a vein doctor.*"

Like Bill, Walter was impressed immediately by Dr. Magnant's personality and skill.

"Dr. Magnant was very congenial and easy to talk to. Once I arrived for my consultation with him, he immediately knew what was wrong. He's a genius as far as I'm concerned. I had no idea about the veins, but he was very enlightening."

From the inside out

A simple description of venous insufficiency, or venous reflux disease, is when blood flows down the legs but can't flow back up toward the heart.

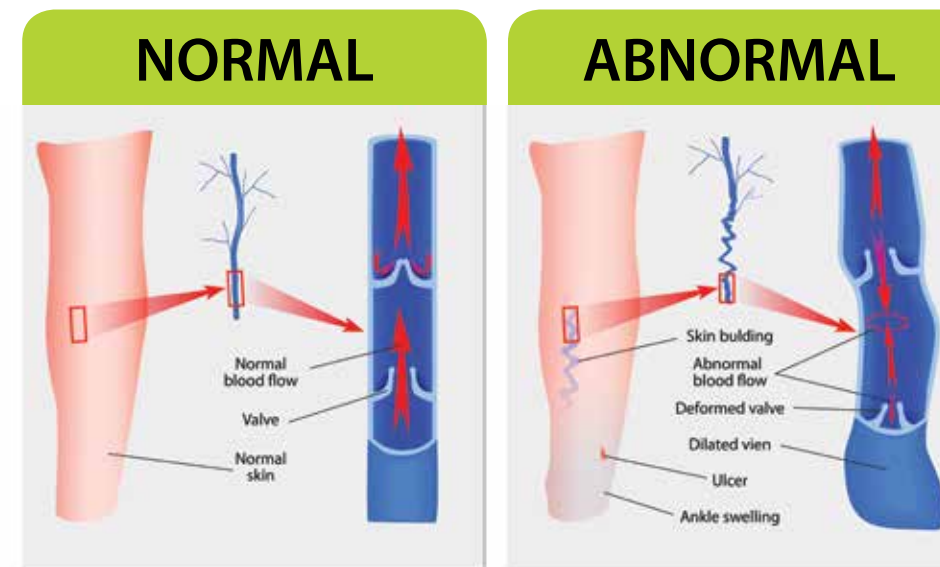
Vein disease is caused when the tiny,

one-way valves in the veins become stressed and damaged. This creates higher pressure and the veins themselves begin to leak fluids into the skin, fat and other nearby tissues.

Under these conditions, blood begins to pool in the lower legs, leading to signs and symptoms of vein disease such as swelling, heaviness and discoloration. This can lead to stasis dermatitis.

"*Stasis* means pooling," informs Dr. Magnant. "The blood is static in this case because damage to the valves causes high pressure in the veins around the ankle and lower calf. *Derma* means the skin, and *itis* is the suffix in Latin for inflammation. Stasis dermatitis, then, is inflamed skin secondary to pooling blood from damaged or leaky valves, which is venous insufficiency."

Stasis dermatitis is a progressive condition that starts with swelling when high pressure causes blood, which is mostly water, to seep through the thin-walled veins and to settle into the leg tissues. In addition to water, other components of the blood, such as red and white blood cells, also flow into the tissues, causing pigmentation and damage to the skin.



"The red blood cells rupture because they are no longer where they're supposed to be, in circulation," observes Dr. Magnant. "The hemoglobin in the red cells leaks out and leaves a brownish pigment in the skin."

"The white blood cells also die, and their cell walls then become permeable. Those white cells contain enzymes that kill bacteria, and when those cell walls open up, they let the enzymes out. Over time, the enzymes leak into the skin and fat, causing scarring and thickening of the skin."

"Many people who have stasis dermatitis are seen by dermatologists, who might treat them with steroid cream, which just treats the external signs of the disease. Instead, those patients need to be investigated to determine what's going on inside the veins leading to the skin changes."

Subsequent stages

In the initial stages of stasis dermatitis, the lower third of the leg, called the *gaiter region*, begins to appear a little redder than the rest of the leg. As the destroyed white blood cells start causing damage, the skin becomes inflamed.

"Where patients get into trouble is that stasis dermatitis is a precursor or leads to venous ulceration," warns Dr.

Magnant. "If patients with normal veins and normal skin cut themselves or get injured, those wounds will likely heal pretty quickly. That's not the case in patients with stasis dermatitis and skin that's damaged due to vein disease."

"If these people have small injuries like bumps or small cuts, those usually don't heal nearly as well as a normal person's wound. In fact, they will likely go from being very small, spotty wounds to being very large, open wounds over time because they generally get worse. They grow and progress rather than regress and heal."

As a vein specialist, Dr. Magnant can recognize venous insufficiency right away based on signs, symptoms and physical examination. Insufficiency is confirmed by performing an ultrasound study. Dr. Magnant often treats venous insufficiency using a procedure called *endovenous ablation*, either with radiofrequency (RF) or LASER energy to heat the veins closed.

During endovenous ablation, a very thin catheter is guided through a tiny needle placed in the vein via a small puncture in the leg. Using either RF or LASER energy, diseased veins are gently collapsed and are eventually absorbed by the body.

"Once the veins are sealed with endovenous ablation, the wounds and the skin generally start healing pretty quickly. That's because you've reversed the high pressure that was in the veins causing the symptoms or signs."

Dr. Magnant was encouraged that Bill's dermatologist and Walter's primary care physician referred their patients to him when they presented with their symptoms. Many patients and even physicians don't consider vein disease when the symptoms include leg swelling and skin issues and don't include other vein-related signs such as varicose veins or stasis dermatitis.

"These patients will often not have varicose veins," he emphasizes. "You can have stasis dermatitis related to venous insufficiency without varicose veins. Just because you don't have varicose veins doesn't mean that the discolored skin around your ankle isn't being caused by a venous problem."

"My recommendation for patients with any sort of discoloration around the skin in the lower half or third of their legs is to seek a venous evaluation by a qualified vein specialist. Even if their primary care doctors or dermatologists tell them not to worry about it, I would encourage patients to be a bit more proactive."

Remarkable Results

Both Bill and Walter underwent endovenous ablation to treat their venous insufficiency and are now in the final, follow-up phases. Each has achieved remarkable results as an outcome of their treatment.

"My legs are perfect," enthuses Bill. "Everything's great. The swelling is all gone. The color is back to normal. Everything is as it was twenty-five years ago. Dr. Magnant's office is doing a Doppler [ultrasound] tomorrow to make sure no blood clots have formed. That's where I'm at right now."

Walter had a similar experience and he's happy with how he's progressed so far.

"The results are good," he reports. "The swelling has gone down, gone away in some cases. Before, my left leg felt like it was heavy, but now it doesn't. The inflexibility is gone, too. I go in tomorrow for the postop appointment where they do an ultrasound to see that there's no clotting."

The discoloration on Walter's legs has decreased considerably. Dr. Magnant alerted him that all of the discoloration might not be eliminated. He might be left with a hint of color in his legs, but Walter says it's barely visible now.

"There's some color there, but it's not like it was," he describes. "It's not that noticeable. You've really got to be looking. The way it was before, it was going all the way up the calf. Now it's down to the very bottom, about six inches off the ankle."

Both men were surprised to learn about the cause of their condition. They had no idea that a problem with the veins could affect the legs so significantly. They also were pleased with the staff at Vein Specialists.

"I didn't know anything about this vein thing until I went and talked to Dr. Magnant," notes Walter. "He also has very competent people working for him."

"Everything was first class," agrees Bill. "The procedure, from start to finish, took an hour or thereabouts. By the time they prep you, wash your leg, get you all covered up and then do the actual procedure, it's about an hour. It's not a long procedure, and the results are very well worth it."

Walter agreed that the procedure was easy to tolerate. He liked how Dr. Magnant talked to him through it and made him feel very relaxed and comfortable.

"During the process, you're awake, and he explains exactly what he's doing," says Walter.

Both Bill and Walter are happy to tell others of their outstanding experiences at Vein Specialists and the exceptional care they received from Dr. Magnant.

"I'm very pleased," states Bill, "I would advise anybody that has this type of problem to seek an individual like Dr. Magnant. No doubt about it."

"I already have recommended him," adds Walter. "Like me, a lot of people aren't aware of this condition. I tell them, if you start having that problem, go see Dr. Magnant."

FHCN article by Patti DiPanfilo. Photos by Jordan Pysz. Graphic courtesy of Vein Specialists. Stock photo from istockphoto.com. *The patient's surname was withheld at his request.



Follow them on:



Smooth out your problem veins

Dr. Magnant welcomes all calls regarding this article as well as other topics related to veins. His offices are located at **1510 Royal Palm Square Blvd., Suite 101**, in Fort Myers and at **3359 Woods Edge Circle, Suite 102**, in Bonita Springs. Please phone (239) 694-VEIN (8346) for more information or to schedule an appointment. Visit his website, weknowveins.com, or email him at info@weknowveins.com.

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With the discoloration gone, Bill will show off his legs by the pool.

Identifying Stasis Dermatitis

Stasis dermatitis typically affects the lower legs, where the static blood pools. Symptoms of stasis dermatitis include:

- Swollen legs and feet
- Reddish, itchy skin
- Sores that may weep and crust over
- Thickened skin
- Scaling
- "Champagne glass" appearance (enlargement of the calf and narrowing of the ankle)



Joseph G. Magnant, MD, FACS, RPVI, is a fellow of the American College of Surgeons and is board certified by the American Board of Surgery in vascular surgery. He earned his medical degree from Medical College of Virginia. He completed a general surgery residency at Medical College of Virginia Hospitals and a fellowship in vascular surgery at Dartmouth-Hitchcock Medical Center, Lebanon, NH. Dr. Magnant of Vein Specialists focuses exclusively on vein evaluation and modern treatments in a dedicated, outpatient, vein-centered facility. Dr. Magnant is an active member of the American College of Phlebology, Society for Vascular Surgery and Society of Vascular Ultrasound.

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