

VARICOSE EXEMA: MODERN STATE OF PROBLEMS

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Abstract: Varicose eczema, being a frequent dermatological manifestation of chronic venous diseases, nevertheless remains an insufficiently studied problem. Not being a dangerous disease, varicose eczema significantly reduces the quality of life of patients. The term "varicose eczema", although it has become common, is ambiguous. The problem of varicose eczema is primarily organizational: effective diagnosis and treatment require the interaction of surgeons and dermatologists. Until now, there are no uniform approaches to the diagnosis of skin lesions in chronic venous insufficiency. The difficulties lie in the variety of skin changes in this pathology. The proposed algorithm and diagnostic criteria can fill this gap.

Keywords: chronic venous insufficiency, dermatological complications, varicose eczema, differential diagnosis.

INTRODUCTION

Varicose eczema is a common manifestation of chronic venous insufficiency. Since complicated forms of chronic venous diseases (classes 4-6 according to the clinical classification of cEAP) are characterized by the presence of dermatological changes, reliable diagnosis of this pathology is very important. Varicose eczema is a well-known and at the same time poorly studied disease. All textbooks and manuals on dermatology and phlebology mention this pathology. But the amount of information about it is usually limited to barely one page, and more often - a few sentences. At present, a practicing physician, especially one working in a clinic, has more questions than answers regarding varicose eczema.

MATERIALS AND METHODS

The main question is whether this is a dermatological or surgical disease, and who should treat these patients - a surgeon or a dermatologist? The answer to this question is still not obvious to the vast majority of specialists. Surgeons, as a rule, are not inclined to diagnose and treat skin diseases, referring patients to dermatologists and refusing to perform surgery due to the high risk of microbial dissemination. Dermatologists often consider conservative treatment of varicose eczema ineffective and insist on surgical treatment of CVI. As a result, patients suffering from varicose eczema are often left without treatment. There is still a discussion about the validity of the term "varicose eczema". Despite the fact that this definition, along with a number of synonyms, is accepted in many countries, a number of authors believe that it is more correct to talk about "eczema in patients with varicose disease", since they do not see any differences from ordinary microbial eczema. In Russian literature, the term "varicose eczema" is more often used, while in English literature, it is

“stasis dermatitis”, although in recent years the term “varicose eczema” has become increasingly widespread.

RESULTS AND DISCUSSION

Etiologically, varicose eczema is a type of microbial eczema. However, microbial contamination alone is not enough to cause specific changes in the skin. This requires a certain basis, structural and biochemical disturbances in the epidermis, dermis, subcutaneous tissue, micro- and macrocirculatory bed. Such a basis can be either genetically determined or acquired. The modern theory of the pathogenesis of chronic venous diseases - the theory of endothelial dysfunction and vein-specific inflammation - largely explains the development of varicose eczema and other changes in the skin and subcutaneous tissue [1]. Venous hypertension, which is the basis for the development of venous insufficiency and triggers a cascade of pathological reactions, plays a major role in the appearance of skin changes [2]. The pathogenesis of varicose eczema also includes changes in the microcirculatory bed due to impaired hemocoagulation and fibrinolysis [3]. Intravascular platelet aggregation leads to primary blockade of microcirculation at the capillary and precapillary level [4]. Platelet aggregation leads to activation of blood coagulation factors, an increase in fibrinogen concentration and stratification of the fibrinogen pool (the appearance of soluble fibrin-monomer complexes in plasma) [2].

In order to clarify the nosology, determine the prognosis and treatment tactics, the following clinical classification of varicose eczema was proposed. by stage of the disease: acute (with a detailed clinical picture; limited to dermatitis (abortive form)) and chronic (exacerbation; remission). by time of occurrence: primary and secondary (perilulcerous). by development of complications: uncomplicated and complicated by trophic ulcer; bleeding; erysipelas; lymphadenitis and lymphangitis; cellulitis.

More often, the clinical picture of acute varicose eczema is manifested in the full range of topical symptoms, but sometimes an abortive form is encountered, limited only by manifestations of dermatitis, without the polymorphism characteristic of eczema. Primary eczema occurs on apparently unchanged skin or against the background of hemosiderosis and/or lipodermatosclerosis, but in the absence of an active trophic ulcer. Secondary or perilulcerous eczema appears against the background of an active trophic ulcer. In rare cases, during exacerbation of chronic varicose eczema, active trophic ulcers may appear in the affected area, usually superficial and small in area. This condition is considered varicose eczema complicated by a trophic ulcer (not to be confused with perilulcerous eczema).

CONCLUSION

Despite the significant prevalence of varicose eczema, this pathology remains insufficiently studied. The problem of varicose eczema is primarily organizational: it is within the competence of both surgeons (phlebologists) and dermatologists, therefore, for effective diagnosis and treatment, interaction between doctors of these specialties is required. Until now, there are no uniform approaches to the diagnosis of skin lesions in CVI. The difficulties of diagnosis lie in the variety of skin changes in this pathology. The diagnostic algorithm can fill this gap. The factors predisposing to the development of varicose eczema have not been studied. The tactics of treating varicose eczema have basically been developed,

but there are a number of unresolved issues. There is no consensus yet on what to give preference to - conservative or surgical treatment. The provision on the obligation of antibiotic therapy for ulcerative skin lesions is not generally accepted.

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