- Mrs.rani
- 50 years old female
- Housewife
- Residence: t.nagar
- Socio economic class: lower middle

CHIEF COMPLAINTS

- Dilated veins in the left leg for the past 5 years
- Pain in the left leg for the past 2 years

History of presenting illness

Dilated vein in the left leg

for the past 5 years

insidious in onset

initially appeared below the knee and gradually progressed up to thigh

Associated with PAIN:

- past 2 years
- insidious in onset
- dull aching pain
- intermittent in nature
- not radiating / referred
- aggravated on prolonged standing and walking
- usually towards end of the day
- relieved by lying down

- H/O prolonged standing present

No History of :

- night cramps
- prolonged immobilisation
- itching , hyperpigmentation , ulcer
- fever
- trauma
- abdominal distension
- loss of weight , loss of appetite
- constipation
- swelling of legs
- Use of Oral Contraceptive Pills

Past history

- No H/O similar complaints in the past
- No H/O diabetes mellitus, hypertension, tuberculosis, asthma, epilepsy
- H/O sterilisation 20 years back
- No H/O prolonged hospitalisation or immobilisation

Personal history

- Consumes mixed diet
- Normal bowel and bladder habits
- Does not consume alcohol or tobacco in any form
- Normal sleep

Menstural history

- Age of menarche: 14 years
- No H/O OCP use
- Attained menopause at the age of 48 years

Family history

- No significant family history

General examination

- Patient examined after obtaining consent
- Patient is conscious, oriented, moderately built and nourished
- Afebrile
- No pallor
- No icterus
- No cyanosis
- No clubbing
- No pedal edema
- No generalised lymphadenopathy

Vitals

- Pulse rate: 80/min
- regular, normal volume, no specific character, all peripheral pulses are felt, no RR/RF delay, no vessel wall thickening
- Respiratory rate : 13/min
- BP : 110/80 mm Hg measured in right upper arm in sitting posture

Examination of left leg

- Patient in STANDING POSITION exposing from umbilicus to toes
- INSPECTION: dilated, torturous veins seen on the medial aspect of leg, extending from infront of medial malleolus coursing along medial aspect of leg upto medial aspect of lower 1/3rd thigh

Inspection

Skin :

- normal in colour and texture
- no edema
- no scars, ulcers
- no loss of hair
- no brittleness of nails
- cough impulse not seen

Palpation

- Not warm, not tender
- No thickening of skin
- No pitting pedal edema

Each of the following tests are performed after milking the veins

TRENDELENBERG TEST 1

Observation: veins fill rapidly from above downwards

Inference: saphenofemoral in competence

TRENDELENBERG TEST 2

Observation: veins fill gradually

Inference: perforator incompitance

MULTIPLE TORNIQUET TEST

Observation: dilated veins appear between the 2nd and 3rd torniquet

Inference: below knee perforator incompetence

FEGAN TEST

Observation: defect in the fascia felt as pit along the course of dilated veins just below the knee

MODIFIED PERTHE TEST

(performed without emptying the veins)

Observation: dilated veins do not become prominent and there is no pain on walking

Inference: patent deep vein

MORRISSEY'S COUGH IMPULSE TEST

Observation: cough impulse not felt on the SFJ

No lymph nodes palpable

Percussion

SCHWARTS TEST

Observation: impulse not felt at the SFJ

Auscultation

- No bruit heard

Examination of peripheral arterial system

- Femoral, popliteal, posterior tibial, dorsalis pedis pulses felt equally in both lower limb
- No distal neurological deficit
- Examination of right lower limb: normal

Other system examination

ABDOMEN

- soft
- no organomegaly
- no mass palpable
- no free fluid

CVS: S1, S2 heard; no murmur

RS: normal vesicular breath sound heard

no added sounds

CNS: no focal neurological deficit

Spine and Cranium: normal

Diagnosis

Primary varicose veins of the left lower limb involving the great saphenous vein with Saphenofemoral and below knee perforator inompetence with clinical class C(2)E(p)A(s+p)P(r)without any complication

Investigation

- Routine:
- CBC
- BT, CT
- blood grouping & typing
- blood sugar, urea, serum creatinine
- urine sugar, albumin
- ECG
- Chest X-ray

SPECIFIC

- Duplex study
- Ultrasound abdomen

Treatment

Saphenofemoral flush ligation with stripping of great saphenous vein up to knee and sub-facial perforator ligation-LEFT SIDE