

**OYOQLAR TAKRORIY VARIKOZ KASALLIGI DIAGNOSTIKA VA JARROHLIK
DAVOLASH USULLARINI OPTIMALLASHTIRISH**

**OPTIMIZATION OF DIAGNOSTIC METHODS AND SURGICAL TREATMENT OF
RECURRENT VARICOSE VEINS OF THE LOWER EXTREMITIES**

**ОПТИМИЗАЦИЯ МЕТОДОВ ДИАГНОСТИКИ И ХИРУРГИЧЕСКОГО ЛЕЧЕНИЯ
РЕЦИДИВА ВАРИКОЗНОЙ БОЛЕЗНИ НИЖНИХ КОНЕЧНОСТЕЙ**

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Annotatsiya. *Oyoqlar varikoz kasalligi keng tarqalgan surunkali venoz kasallik bo'lib, qon tomirlarining kengayishi va deformatsiyasi bilan tavsiflanadi, bu esa normal qon aylanishining buzilishiga olib keladi. OVKni davolash usullaridagi yutuqlarga qaramay, kasallikning qaytalanishi keng tarqalgan klinik hodisadir. Ushbu maqolada OVK takrorlanishining asosiy sabablari, shuningdek, kasallikning qaytalanishini oldini olishga qaratilgan zamonaviy diagnostika va davolash usullari ko'rib chiqiladi va OVK tashxisi qo'yilgan 31 bemorni jarrohlik davolash natijalari tahlil qilinadi.*

Kalit so'zlar: *oyoqlar varikoz kasalligi, takroriy OVK, venoz to'laqonlik, flebologiya, diagnostika usullari, jarrohlik davolash.*

Аннотация. *Варикозная болезнь нижних конечностей (ВБНК) представляет собой распространённое хроническое заболевание вен, характеризующееся расширением и деформацией сосудов, что приводит к нарушению нормального кровообращения. Несмотря на прогресс в методах лечения ВБНК, рецидивы заболевания являются частым клиническим явлением. В данной статье рассмотрены основные причины рецидивов варикозной болезни, а также современную диагностику и терапевтические подходы, направленные на предотвращение повторного возникновения заболевания и проводится анализ результатов хирургического лечения 31 пациентов с диагнозом рецидив варикозной болезни нижних конечностей.*

Ключевые слова: *варикозная болезнь, рецидив, венозное полнокровие, флебология, методы диагностики, хирургическое лечение.*

Abstract. *Varicose veins of the lower extremities (VLE) is a common chronic venous disease characterized by dilation and deformation of blood vessels, which leads to disruption of normal blood circulation. Despite the progress in the treatment of VLE, relapses of the disease are a common clinical phenomenon. This article discusses the main causes of relapses of varicose veins, as well as modern diagnostics and therapeutic approaches aimed at preventing recurrence of the disease and analyzes the results of surgical treatment of 31 patients diagnosed with relapse of varicose veins of the lower extremities.*

Key words: *varicose veins, recurrence, venous congestion, phlebology, diagnostic methods, surgical treatment.*

Introduction. *Initially, the concept was documented by the Paris Consensus on Recurrence of Varicose Veins in 1998 and was interpreted as the presence of varicose deformed veins of the lower extremities after previous surgical treatment for varicose veins, including true recurrence, residual veins, varicose transformation of veins due to disease progression.*

Since 2013, this concept has been interpreted differently in clinical guidelines: from “the presence of varicose syndrome after surgery (phlebectomy, thermal obliteration, scleroobliteration)” to “the appearance of varicose veins after a completed course of invasive treatment in the area of the previous intervention”, reflected in the 2021 guidelines for varicose veins approved by the Ministry of Health [7, 10]. It is also determined by the range of techniques used by a particular specialist [11, 14]. For example, the anterior accessory saphenous vein left during crosssectomy, initially unchanged, is often regarded as a defect during combined phlebectomy and a relapse with its further expansion, and during thermal obliteration - as a rational minimally invasive approach and, in the case of its subsequent expansion, as disease progression [1].

Experience shows that repeated operations are more difficult than primary ones, since the intervention must be performed under conditions of cicatricial changes in tissues, with partial obliteration of the lumen of the main subcutaneous veins, which complicates the performance of a repeated operation [8, 13]. According to the authoritative opinion of a number of authors, the results after repeated operations are worse compared to primary interventions [3, 4, 9]. At the same time, in a number of cases, patients are not satisfied with the results of previously performed treatment and show increased attention to repeated intervention [3].

Currently, the arsenal of methods for treating recurrent varicose veins is expanding and the search for ways to improve the results of their treatment continues [2, 5, 6, 12, 15, 16]. Modern medical literature reports on the successful use of echosclerotherapy, mechanochemical and adhesive obliteration, repeated endovascular laser obliteration. Radiofrequency obliteration of varicose veins in case of relapses [3, 5, 12]. The undeniable advantages of these methods of "office surgery" are low trauma, good cosmetic effect, providing the patient with maximum comfort in the early postoperative period [16].

The aim of the study is to identify factors of recurrence of varicose veins and to select the optimal treatment tactics for this pathological process.

Materials and methods. The analysis of the results of surgical treatment of 31 patients from 2017 to 2022 in the clinical bases of the Fergana Medical Institute of Public Health was carried out. This amounted to 2.5% of the total number of patients with vascular pathology and 10.3% among patients diagnosed with varicose veins treated inpatiently in our department.

The examination plan included a carefully collected anamnesis (the timing of surgical interventions with clarification of the medical institution and department where the operation was performed, the time since the relapse occurred), patient complaints, objective status (with an assessment of the location of varicose veins, their relationship with postoperative scars), instrumental studies (the main one from the point of view of an objective assessment of the nature of the relapse and the state of the deep venous system is color duplex scanning).

Most patients had relapses within 2 to 5 years after surgery (n=25).

According to the international classification CEAP, all patients are divided in the following order: clinical class C2 was diagnosed in 7 (22.6%) patients, C3 - in 18 (58%), C4 - in 6 (19.4%). Clinical manifestations of recurrence of varicose disease were noted in the majority of patients (80.6%, n=25), another 6 (19.4%) patients had no complaints.

Analysis and results. All patients underwent color duplex scanning, during which the patency of the deep venous bed, the presence of reflux in the deep veins were assessed, the cause of relapse in each specific case was determined, the presence of reflux in the superficial veins, the failure of the perforating veins with their mandatory mapping.

Based on duplex scanning, the following was revealed:

1. Leaving the entire trunk of the great saphenous vein in 2 (6.5%) patients, despite the presence of a scar in the groin area.
2. Blood reflux through the varicose small saphenous vein in 6 (19.4%) patients.
3. Pathological stump of the great saphenous vein (from 1.0 cm to 6.0 cm long and 5.0–14 mm wide with pathological reflux) – in 18 (58.0%) patients.
4. Removal of only a segment of the great subcutaneous vein on the thigh in 5 (16.1%) patients.

In our opinion, the main reasons for the recurrence of the disease were the following:

1. Incorrect assessment or incomplete knowledge of the anatomy and hemodynamics of the venous system in varicose veins in each individual patient, including as a result of inadequate preoperative examination of patients.
2. Incorrect performance of surgical interventions:
 - leaving the main trunk of the great saphenous vein on the thigh or lower leg;
 - incorrect access to the mouth of the great subcutaneous vein;
 - template access to the mouth of the small saphenous vein without taking into account variable anatomy and color duplex scanning data;
 - leaving a long stump and tributaries at the mouth of the great saphenous vein;
 - leaving a long stump of the small saphenous vein;
 - leaving incompetent perforating veins.

All 31 patients underwent surgical correction to varying degrees depending on the cause of the relapse.

When the trunk of the great saphenous vein was left (2 patients, 6.5 %), as well as in the case of varicose transformation of the small saphenous vein (6 patients, 19.4%), phlebectomy was performed using the classical technique. Recurrent varicose- changed tributaries on the thigh and lower leg were eliminated by miniphlebectomy. In the presence of a pathological, hemodynamically significant stump of the great saphenous vein (18 patients, 58%), a wide approach along the inguinal fold was used.

Patients with eczematization of the skin at the prehospital stage underwent a course of treatment under the supervision of a dermatologist. Surgical treatment of the veins was performed after the relief of eczema.

There were no complications in the early postoperative period. Remote results were studied in 23 (74.2%) cases. Three patients had a repeated relapse of varicose disease 3 years after the operation. In all three cases, the relapse was eliminated by miniphlebectomy.

Conclusion. Thus, the main directions for improving the results of treatment of varicose disease and reducing the number of relapses of varicose disease are:

- 1) study of the anatomy of the venous system of the lower extremities;
- 2) improving the qualifications of surgeons;
- 3) mandatory preoperative examination of the deep, superficial venous system and communicating veins using color duplex scanning, which allows for the creation of a differentiated, individual treatment plan for each patient;
- 4) careful treatment of the saphenofemoral and saphenopopliteal anastomoses with removal of the venous trunk;
- 5) ligation of all tributaries, including those flowing directly into the deep venous system;
- 6) ultrasound mapping and ligation of incompetent perforating veins;
- 7) in the postoperative period – administration of venotonics, elastic compression of the limb.

High-quality preoperative duplex angioscanning and the use of improved and modern high-tech treatment methods help to reduce the number of relapses of varicose veins associated with technical and tactical errors of surgeons.

Careful and timely diagnostics of relapses of varicose disease allows to establish the source of relapse, to assess the diameter, the length of re-formed varicose -transformed veins, to assess the condition of the lumen of recanalized venous vessels and to choose the optimal method of treatment taking into account the clinical and anatomical form of the disease.

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