



Original Research Article

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VENOUS ULCER: A CASE STUDY

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ABSTRACT

Venous ulcer is the commonest ulcer of the leg. The basic cause of venous ulcer is abnormal venous hypertension in the lower-third of the leg, ankle and dorsum of the foot. Various terms have been used e.g. varicose ulcer, post-thrombotic ulcer, gravitational ulcer etc¹venous ulcer results in reduced mobility, significant financial implications, and poor quality of life. There are no uniform guidelines for assessment and management of this group of conditions, which is reaching epidemic proportions in the prevalence. There is a wide variation in healing and recurrence rates of these ulcers

Venous ulcers need proper care and treatment to prevent infection and to heal. It's important to have any venous ulcers checked right away and proper maintenance to avoid recurrence.

Key words -Venous ulcer, varicose vein

INTRODUCTION

Venous ulcers are defined as ulcers between the knee and ankle joint that occur in the presence of venous disease.²

Venous ulcers most often form around the ankles.

Venous ulcers typically occur because of damage to the valves inside the leg veins. These valves control the blood pressure inside the veins. They allow it to drop when you walk. If the blood pressure inside your leg veins doesn't fall as you're walking, the condition is called sustained venous hypertension. That increase in blood pressure causes ulcers to form on your ankles

These ulcers, accounting for 60-80% of them.³ The prevalence of venous ulcers is between 0.18% and 1%.⁴ Over the age of 65, the prevalence increases to 4%.⁵ On an average 33-60% of these ulcers persist for more than 6 weeks and are therefore referred to as chronic venous ulcers.⁶

CASE REPORT-

A 68 years old male patient came to Shalyatantra OPD of SDM Institute of Ayurveda Bengaluru with the complaint of wound in right leg associated with moderate pain since 1 years. no H/O any systemic illness, no fever, no loss of body weight, non D.M. and HTN.

On physical examination-

Ulcer measuring about 2.5x6x1.5 cm located on lower part of calf region four finger above the ankle joint with unhealthy granulation, sloping edge ,without discharge and foul smell, moderate tenderness, mobile base,regional lymph nodes are not palpable, surrounding skin with signs of eczema .

We planned treatment with following treatment.

1. Tab.Kaishora guggulu 1-1-1
2. Gandhaka rasyana 1-1-1 A/F
3. Mahamanjistadi qwatha 3 tsf BD B/F
4. Manjistadi kshara basti
5. Jalaukavacharana

Oral medication for a period of 2 months



Before treatment



After treatment

DISCUSSION -

Chronic wounds can be caused by a multitude of different diseases. Primary causes include pressure, chronic venous insufficiency, lower-extremity arterial disease, and diabetic neuropathy. Differential assessment of the skin condition or wound, before implementation of management strategies, is essential for understanding its cause and development.

Although most leg ulcers are venous ulcers, the clinician should suspect other causes when the wound looks atypical, Following differential diagnosis need to be considered,

1. MARTORELL'S ULCER

It is seen in hypertensive patients often with atherosclerosis. It is seen in calf. Often it is bilateral and painful.

Necrosis of calf skin occurs with sloughing away and formation of deep, punched out ulcers extending into the deep fascia. There is sudden obliteration of the arterioles of the calf skin.

All peripheral pulses are present.

It takes months to heal.

Treatment: Once ulcer granulates well, skin grafting with lumbar sympathectomy is done.

2. ARTERIAL/ISCHAEMIC ULCER

It is common in toes, feet or legs; often can occur in upper limb digits. It is due to poor blood supply following blockage of the digital or medium sized arteries.

Atherosclerosis and TAO (Thromboangiitis obliterans) are common causes in lower limb spreading with scanty granulation tissue. Ulcer is very painful, tender and often hyperaesthetic. Digits may often be gangrenous. Intermittent claudication, rest pain are common. Other features of ischaemia are obvious in the adjacent areas. They are pallor, dry skin, brittle nail, patchy ulcerations, and loss of hair.

These ulcer is usually deep, destructs the deep fascia, exposing tendons, muscles and underlying bone. Dead tendons look pale/greenish with pus over it.

3. MARJOLIN'S ULCER

It is slow growing locally malignant lesion a very well differentiated squamous cell carcinoma occurring in an unstable scar of long duration. It is commonly seen in chronic venous ulcer scar. Often it is observed in burns scar and scar of previous snake bite.

Lesion is ulcerative/proliferative. Edge may be everted or may not be. It is painless as scar does not contain nerve fibrils. It does not spread into lymphatics as scar is devoid of lymphatics Induration is felt at the edge and base. There is marked fibrosis also.

4. VENOUS ULCER

About 50% of venous ulcers are due to varicose veins; 50% are due to post-phlebotic limb (previous DVT). Pain, discomfort, pigmentation, dermatitis, lipodermatosclerosis, ulceration, periostitis, ankle joint ankylosis, talipes equinovarus deformity and Marjolin's ulcer are the problems of varicose veins and later of venous ulcer.

Ulcer is initially painful; but once chronicity develops it becomes painless. Ulcer is often vertically oval; commonly located on the medial side; occasionally on lateral side; often on both sides of the ankle; but never above the middle third of the leg. Floor is covered with pale or often without any granulation tissue. When well-granulated, edge is sloping. Induration and tenderness is seen often at the base of an ulcer. Venous ulcer is vertically oval with sloping edge and will not penetrate deep fascia⁷

Although approximately 70% of venous ulcers heal within a 24-week period, 30% are unhealed after this time.⁸

Approach of management we followed is based on the stage of the disease and considering the strength of the patient

CONCLUSION

Venous ulcers are mainly caused by the chronic venous insufficiency and it is more prevalent in lower socio-economical group.

A proper assessment of the condition of venous ulcer in patients is essential to ensure starting of timely and appropriate treatment.

Among all the available treatment modality Ayurvedic line of treatment plays a pivotal role in the management of venous ulcer and also which is economical.

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