

**LYMPHOSCAN FOR VARICOSE DISEASE OF THE LOWER LIMB**

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**ANNOTATION:** In this article, the authors, during a one-stage clinical study, examined 20 patients with varicose veins of different age groups. The article describes the features of indirect lymphotropic lymphoscanning for varicose veins of the legs in middle age. The differences in complications in patients with varicose veins of different age groups are shown. A comprehensive assessment of quality of life indicators in patients with varicose veins revealed a significant deterioration in the quality of life of these individuals on most scales of general (SF-36) and specific questionnaires compared with indicators in healthy individuals.

**Key words:** Varicose veins, lymphoscanning, lymphovenous.

**Introduction:** Varicose veins of the lower extremities (VLVE) is the most common disease among patients with cardiovascular pathology. It occupies one of the first places among surgical diseases that impair the ability of patients to work, leading to disability, sometimes death (I.A. Zolotukhin, 2001 S.G. Izmailov, G.A. Izmailov et al., 2002; V.Yu Bogachev, 2003, 2004; V.S. Savelyev, 2003; V.I. Petukhov, 2007; O.A. Shumkov, 2007; G.N. Khmyrova, 2007; M. Kerimova, 2009; B.S. Sukovatykh, I.B. Sukovatykh et al., 2012; etc.).

Diagnosis and treatment of diseases of the leg veins cause difficulties for doctors of any specialty. The lymphovenous changes that occur with varicose veins of the superficial veins of the legs (SVVVN), depending on the stage of the process, are necessary for therapeutic corrections, which are carried out extremely insufficiently. This state of the problem is associated with unresolved issues of diagnosis, etiology, pathogenesis, and treatment. VRPVN despite the introduction of new modern technologies. We have developed a method of indirect lymphotropic lymphoscanning in patients with VRPVN during treatment in order to correct disorders in the lymphovenous bed of the legs.

**Purpose:** to study the degree of lymphovenous disorders in patients with VRPVN, detected by lymphoscanning.

**Material and methods:** We observed 20 patients with VRPVN, 11 women, 9 men, aged from 20 to 54 years, the duration of the disease was 4-10 years. Patients are distributed according to stages: stage I - 4, stage II - 7, stage III - 6, stage IV - 3 patients. We sequentially inject slowly subcutaneously solutions of novocaine, lidase, and heparin. Lymphatic therapy was carried out according to the developed technique through the foot. The patients began timely, modern treatment, general treatment based on anamnesis, factors, general and local risk: phlebotonics, angioprotectors, antiplatelet agents, antispasmodics, antibiotics, vitamin therapy complex. Local ointment dressings. (Vishnevsky and others), physiotherapeutic (UHF, therapeutic laser irradiation). At the same time we carry out lymphatic therapy, for regional ones. Conservative traditional treatment was carried out in 10 patients with VRPVN; Stage I -2, stage II -3, stage III -3, stage IV -2, aged 20-45 years, received traditional treatment. Lymphoscanning is carried out by subcutaneous injection of camisol gold - Au 198 into the foot I-II interdigital space of the affected leg, according to the developed scheme. Scanning of lymphatic vessels was studied using a gamma camera before and during treatment.

Research results: The complex diagnostics and classification made it possible to timely prescribe complex treatment with a good outcome in 80% of patients; there were no complications. The developed classification diagnostic method helped in the early stages of varicose veins of the legs, prevent the progression of the process, and the development of severe complications on days 5-6. In the control group, in 10 patients with varicose veins of the legs, with standard treatment, improvement appeared on the 7-9th day, dermatitis progressed, trophic changes on the lower leg did not heal.

Conclusions: The presented method of diagnosis, classification of complex treatment of VRPVC, convenient for practical and clinical use, was proposed for the first time, reflects the stages, clinical picture, complications necessary for making a diagnosis, planning timely modern treatment measures. 15 patients underwent miniphlebectomy of the great saphenous vein, 5 patients underwent phlebectomy according to Troyaniv-Trendelenburg, Babcock, Narat, 10 patients underwent ligature obliteration of the veins on the lower leg according to Shede-Sokolov in its modification. In the postoperative period, standard and lymphatic treatment was carried out with good and satisfactory results in 90% of cases. In 15 patients who received standard treatment, improvement occurred in 70% of cases. In 15 operated patients, swelling on the feet and trophic changes persisted for a long time, but the legs were partially eliminated.

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