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ON THE ISSUE OF PREVENTION OF COMPLICATIONS OF SURGICAL TREATMENT OF THROMBOPHLEBITIS OF THE VEINS OF THE LOWER LIMB

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Key words: Varicose veins of the lower extremities, thrombophlebitis, surgical treatment of thrombophlebitis .

RELEVANCE OF THE TOPIC.

The term "varicothrombophlebitis" refers to the most common form of thrombophlebitis (thrombotic lesion of the saphenous veins), in which the pathological process affects varicose dilated superficial veins of the lower extremities. In the vast majority of cases, it is a complication of varicose veins; it occurs less frequently with PTB.

The thrombotic process in the saphenous veins may be accompanied by damage to the deep veins. This is possible due to the spread of thrombosis through the safenofemoral or safenopopliteal anastomosis, through perforating veins, as well as due to the simultaneous formation of a thrombus in any venous segment, both in the diseased and visually healthy limb.

Varicose veins of the lower extremities are the most common vascular pathology. In the general structure of morbidity, varicose veins, according to the literature, is 5%, and among lesions of the peripheral vascular bed it reaches 30-40 %. The prevalence of thrombophlebitis of the superficial veins (SVT) against the background of varicose veins of the lower extremities (varicothrombophlebitis) ranges from 70 to 160 per 100 thousand residents of the Republic of Uzbekistan per year. More than 125,000 new cases of SPV are reported annually [1, 2].

Despite its centuries-old history, the problem of treating varicose veins has not lost its importance and remains quite relevant today (Shevchenko Yu.L. et al ., 2018). This is explained by the high prevalence of pathology, rejuvenation of the disease, a large number of relapses and decreased ability to work. The associated multi-million dollar losses give varicose veins a socio-economic connotation (Gauw SA, et al . 2016).

PURPOSE OF THE research.

Increasing the effectiveness of surgical treatment of patients with chronic venous insufficiency of the lower extremities through the development of optimal surgical tactics for the treatment of acute superficial thrombophlebitis against the background of primary varicose veins of the lower extremities.

Materials and methods of RESEARCH

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A retrospective analysis of the results of surgical treatment of 142 patients with thrombophlebitis of the superficial veins against the background of varicose veins of the lower extremities (varicothrombophlebitis), in 2016–2021, was carried out. in the clinical base of the Fergana Medical Institute of Public Health, which is located in the department of vascular surgery of the Fergana Regional Multidisciplinary Medical Center.

Depending on the type of varicothrombophlebitis lesion (the study used the F. Verrel-Stollman classification of TPV of the lower extremities) and the risk of developing venous thromboembolism (VTE), patients were hospitalized or received outpatient treatment. In all cases, an ultrasound examination with color Doppler mapping (ultrasound with color Doppler mapping) of the veins of the lower extremities was performed within the first 12 hours from the moment of treatment.

Due to the current lack of consensus on the timing of radical surgery (combined phlebectomy), all cases were divided into three groups to identify the optimal period.

Group 1 (35 patients)

- surgical treatment was performed in the scope of a one-stage radical operation on the first day from the day of randomization, including intersection and ligation of the anastomosis of the great and/or small saphenous veins, in combination with excision of non-thrombosed areas of varicose veins

Group 2 (45 patients)

- radical surgery was performed on the 3rd day, after a preliminary course of conservative therapy.

Group 3 (62 patients)

- radical surgery was performed after a course of conservative therapy, but not earlier than 7 days from the start of treatment

Research results

- The results of observation up to 75 days after surgical treatment revealed a statistically significant decrease in the number of complications in patients in group III (n=62) of the study compared with groups I (n=35) and II (n=45). When comparing the results in patients of groups I and II, no statistically significant differences were revealed (Table 1)

Table 1

Complications of surgical treatment	**Group I**		**II group**		**III -group**		***p***
	Abs	**%**	**Abs**	**%**	**Abs**	**%**	
Infection	-	-	-	-	-	-	P >0.05
Lymphorrhea and seroma formation	3	12%	2	4%	1	1.6%	P >0.05
Neuropathy	5	14.3%	3	6.7%	1	1.6%	P >0.05

Total identified complications	8	26.3%	5	11.7%	2	3.2%	P >0.05

Long-term results up to 5 years of treatment were observed in 61% (n= 87) of cases. Of these, 2 4.6 % (n = 35) - among patients of the first group, 1 8.3 % (n = 26) - among patients of the second group, 18.1 % (n = 26) - among patients of the third group. There were 1 case of lethal outcomes (PE, deep vein thrombosis, recurrent PVT) . No long-term complications associated with the treatment were recorded. Long-term recurrence of varicose veins was diagnosed in 31.7% (n=45) of patients. When analyzing the groups according to the studied criteria, statistically significant differences ($p<0.05$) were revealed in group III compared with groups I and II. The recurrence rate of varicose veins in group III was 3.5% (n=2), in group I – 19.7% (n=8), in group II – 28.5% (n=4) of cases. In groups I and II, the frequency of recurrence of varicose veins was comparable ($p>0.05$).

Conclusions :

Thus, combined treatment of acute varicothrombophlebitis with radical surgery 7 days after the onset of the disease can significantly reduce ($p< 0.05$) the number of postoperative complications immediately after treatment from 26.3% to 3.2%, being safe and effective method.

In the long-term period after combined treatment of varicothrombophlebitis with radical surgery after 7 days, there was a significantly significant decrease ($p<0.05$) in the frequency of recurrence of varicose veins (within follow-up periods of up to 5 years), with comparable clinical manifestations and stages of signs of chronic venous insufficiency.

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