

## **THE MAIN FACTORS IN THE ORIGIN OF VARICOSE VEIN**

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**Annotation:** Varicose vein, vein that is twisted and distended with blood. The term *varix* is also used for similar abnormalities in arteries and in lymphatic vessels. Varicose veins occur in a number of areas, including the legs, the esophagus, the spermatic veins (which return blood from the testes; varicose veins in this area cause a mass in the scrotum that is called a varicocele), around the rectum or anus (hemorrhoids), the veins of the broad ligaments (i.e., folds of peritoneal membrane) that extend from the uterus to the walls of the pelvis, and the veins of the urinary bladder.

**Key words:** Vein, blood, hemorrhoids, pelvis, pregnancy.

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Varicose veins in the legs, by far the most common location, result from malfunctioning of the valves in the veins. These valves normally prevent blood from reversing its flow after the movement of the leg muscles has forced the blood upward and from superficial veins to the deep veins. When the valves do not function properly, the blood collects in the superficial veins, distending and twisting them. Weakness of the valves and of the walls of the veins may be inherited. Hormones also play a role in the development of varicose veins, which explains the increase in the number of varices that occurs during pregnancy and menopause.

Symptoms include a sensation of heaviness and a tendency for the leg muscles to cramp while one is standing. The feet and legs swell at the end of the day. The skin may be inflamed and moist, a condition called weeping eczema. Ulcers may appear around the ankles, and clots may develop in the diseased blood vessels (thrombophlebitis). Treatment consists of the use of elastic bandages or strong support hose; sclerotherapy, which involves the injection of a solution that closes the vein, causing blood to be rerouted to healthier veins; and surgical treatment, which may consist of removing the affected veins (e.g., vein stripping) or closing the veins endoscopically or with the use of lasers.

In thrombophlebitis there is thrombosis (clot formation) in the veins and a variable amount of inflammatory reaction in the vessel wall. In some instances, the inflammatory reaction is predominant and thrombosis is secondary. In other instances, thrombosis appears before reaction in the vein wall. Embolization—breaking loose of a blood clot—is most likely to occur during this period, though it may occur at any stage of the disease. A form of the disease in which little or no inflammatory reaction or pain develops is called phlebothrombosis.

Thrombophlebitis most frequently involves the veins of the legs. It may occur without apparent cause and tends to recur. At times it occurs as a result of local injury, either from a penetrating wound or from an external blow without a break in the skin. It may occur as a result of severe muscular effort or strain and in the course of infectious diseases, thromboangiitis obliterans, and a wide range of other underlying diseases. Thrombophlebitis may develop in various parts of the body if there is cancer, especially cancer of the pancreas. The presence of varicose veins in the legs causes a tendency to the development of thrombophlebitis. Treatment includes bed rest and anticoagulant therapy.

**Pulmonary embolism** may occur in bedridden persons as a result of a clot from a thrombophlebitic lesion, or it may occur in an apparently healthy individual. If the embolus is small, it may not have any effect on the systemic circulation. With larger pulmonary emboli, there may be massive bleeding from the lungs and the development of a large area of pulmonary infarction, resulting in sudden death. Getting up and walking soon after an operation or after congestive heart failure is the best method for avoiding pulmonary embolism. Anticoagulant therapy is useful both as prevention and as therapy after the condition has developed. Surgical removal of a massive pulmonary clot has, on rare occasions, been spectacularly successful.

**Varicose veins** are permanently tortuous (twisted) and enlarged. The medium and large veins, especially in the legs, are most likely to be affected. The condition may occur without obvious cause or as a result of postural changes, occupation, congenital anomaly, or localized causes of increased venous pressure. The veins may be near the surface and easily seen, or they may be hidden and unrecognized. Without complication they rarely cause symptoms, but they may become the site of thrombophlebitis with inflammatory changes and the production of emboli in the peripheral circulation. The veins may rupture on occasion, with bleeding into the surrounding tissues. Varicose veins may occur around the rectum and anus, producing hemorrhoids. If they occur within the scrotal sac in the region of the testes, they are called varicocele. In all forms of varicose veins, the walls of the veins become hardened, and a certain amount of inflammation develops through the years. Dilated veins in the legs may be supported by appropriate elastic-type stockings or bandages, or they may be treated by surgery.

Direct mechanical injury or an infection or other disease process in the neighbouring tissues may produce spasms in the veins (venospasms). Local venospasm is usually of relatively minor significance because of the adequacy of alternate pathways for the blood. If venospasm is widespread, however, involving an entire extremity or the veins in the lungs, it may impair blood flow and therefore be of greater significance.

The capillaries are the smallest blood vessels. Through their thin walls oxygen and nutrients pass to the tissue cells, in exchange for carbon dioxide and other products of cellular activity. Despite the small size and thin walls of the capillaries, the blood pressures may be quite high, as, for instance, in the legs of a person in a motionless upright position. In certain disease states there is increased fragility of the capillary wall, with resultant hemorrhages into the tissues. These hemorrhages are referred to as petechiae when small; if large, they may become a large area of discoloration of the skin. Vitamin C deficiency and a variety of blood disorders may be associated with increased capillary fragility. Small petechial hemorrhages occur in bacterial endocarditis and certain other infectious processes. In some instances petechiae are caused by minute emboli; in others they appear to be directly related to capillary fragility itself. Treatment is of the underlying disorder.

The capillaries are freely permeable to water and small molecules but ordinarily are not highly permeable to proteins and other materials. In some pathological situations, such as in certain allergic states (e.g., hives) or because of local injury, as in burns, there may be local areas of permeability, with escape of fluid high in protein into the surrounding tissues. If the disease affects the entire body, a significant amount of plasma (the blood minus its cells) leaks into the nonvascular spaces, with resultant loss in blood volume. Again, treatment is of the underlying disorder.

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