

Varicose Eczema: Current State of The Problem

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Abstract. Varicose eczema, being a common dermatological manifestation of chronic venous diseases, nevertheless remains an insufficiently studied problem. Without being a dangerous disease, varicose eczema significantly reduces the quality of life of patients. The term “varicose eczema,” although it has become commonly used, is ambiguous. The problem of varicose eczema is primarily organizational: effective diagnosis and treatment requires interaction between surgeons and dermatologists. To date, there are no uniform approaches to diagnosing skin lesions in chronic venous insufficiency.

Keywords: chronic venous insufficiency, dermatological complications, varicose eczema, differential diagnosis, phlebectomy, sclerotherapy.

Introduction

Varicose eczema is a common manifestation of chronic venous insufficiency. Since complicated forms of chronic venous diseases (grades 4-6 according to the CEAP clinical classification) are characterized precisely by the presence of dermatological changes, reliable diagnosis of this pathology is very relevant.

Materials And Methods

Varicose eczema is a widely known and at the same time little-studied disease. In all textbooks and manuals on dermatology and phlebology, there is a mention of this pathology. But the amount of information about it is usually limited to barely one page, and more often to a few sentences. Currently, a practicing doctor, especially one working in a clinic, has more questions than answers regarding varicose eczema.

The main question is whether this disease is dermatological or surgical, and who should treat these patients - a surgeon or a dermatologist? the answer to this is still not obvious to the vast majority of specialists. Surgeons, as a rule, are not inclined to diagnose and treat skin diseases, sending patients to dermatologists and refusing to perform surgery due to the high risk of microbial dissemination. Dermatologists often consider conservative treatment of varicose eczema ineffective and insist on surgical treatment of CVI. As a result, patients suffering from varicose eczema are often left without treatment.

Results And Discussion

There is still a debate about the validity of the term “varicose eczema”. Despite the fact that this definition, together with a number of synonyms, is accepted in many countries, a number of authors believe that it is more correct to talk about “eczema in patients with varicose veins,” since they do not see any differences from ordinary microbial eczema. In Russian literature, the term “varicose eczema” is more often used, and in English literature, “stasis dermatitis” (stagnant dermatitis), although in recent years the variant “varicose eczema” has become increasingly widespread.

The first written evidence concerning diseases of the veins of the lower extremities and skin diseases is considered to be the ancient Egyptian Ebers papyrus, dating back to approximately 1550 BC. It describes varicose veins and skin diseases, in particular, the need for bandages in their treatment [2]. According to Plutarch, in ancient Egypt varicose veins were considered the cause of the appearance of leg ulcers [2].

varicose eczema is diagnosed in 6-7% of dermatological patients over 50 years of age [1] and in 2.7-10% of patients with chronic venous insufficiency [2]. The risk of developing this pathology increases with age: after 60–70 years, varicose eczema occurs in 20–22% [3]. Dermatological disorders are more common with varicose veins than with postthrombotic ones.

Pathogenesis of varicose eczema

Etiologically, varicose eczema is a type of microbial eczema. However, microbial contamination alone is not enough to cause specific changes in the skin. This requires a certain basis, structural and biochemical disturbances in the epidermis, dermis, subcutaneous tissue, micro- and macrocirculatory bed. Such a basis can be either genetically determined or acquired.

The modern theory of the pathogenesis of chronic venous diseases - the theory of endothelial dysfunction and vein-specific inflammation - largely explains the development of varicose eczema and other changes in the skin and subcutaneous tissue [1]. Venous hypertension, which is the basis for the development of venous insufficiency and triggers a cascade of pathological reactions, plays a major role in the appearance of skin changes [2]. The pathogenesis of varicose eczema also includes changes in the microcirculatory bed due to impaired hemocoagulation and fibrinolysis [3].

intravascular platelet aggregation leads to primary blocking of microcirculation at the capillary and precapillary level. [4]. Platelet aggregation leads to the activation of blood coagulation factors, an increase in fibrinogen concentration and stratification of the fibrinogen pool (the appearance of soluble fibrin-monomer complexes in the plasma) [2].

Microbiology of varicose eczema

According to the definition, varicose eczema is a type of microbial eczema. Identification of resident microflora in the eczema lesion is necessary for adequate treatment. Microflora can be represented either as a monoculture or as associations, including a combination of aerobic and anaerobic microorganisms [3].

Classification of varicose eczema

In order to clarify the nosology, determine the prognosis and treatment tactics, the following clinical classification of varicose eczema was proposed [4]. By stage of the disease: acute (with a detailed clinical picture; limited to dermatitis (abortive form) and chronic (exacerbation; remission). By time of occurrence: primary and secondary (periulcerous). According to the development of complications: uncomplicated and complicated by a trophic ulcer; bleeding; erysipelas; lymphadenitis and lymphangitis; cellulite.

More often, the clinical picture of acute varicose eczema manifests itself in the fullness of topical symptoms, but sometimes an abortive form is found, limited only by manifestations of dermatitis, without the polymorphism characteristic of eczema. Primary eczema occurs on externally unchanged skin or against the background of hemosiderosis and/or lipodermatosclerosis, but in the absence of an active trophic ulcer. Secondary or periulcerous eczema appears against the background of an active trophic ulcer.

Diagnosis of varicose eczema

Reliable diagnosis of varicose eczema is the key to successful treatment. In typical cases it is diagnosed quite easily. At the same time, there is a tendency towards overdiagnosis, since dermatologists often consider any dermatosis to be varicose eczema in the presence of the slightest signs of chronic venous disease.

The clinical picture of varicose eczema is quite characteristic. The most common subjective symptom is itching of the skin, often very intense, sometimes there is pain in the area of the rash. Objective symptoms include symptoms of chronic venous insufficiency and topical symptoms of eczema [2].

Topical symptoms of varicose eczema

varicose eczema usually occurs in the lower third of the leg along the medial surface, sometimes spreading to other parts of the limb (lateral surface of the leg, ankle joint, foot). Skin hemosiderosis and lipodermatosclerosis are often observed in the affected area. The eruption zone is characterized by polymorphism, that is, the simultaneous existence of various elements in one area with clear rounded boundaries. Exudation with serous or serous-hemorrhagic discharge, sometimes having an unpleasant odor, is typical

Conclusion

Despite the significant prevalence of varicose eczema, this pathology remains insufficiently studied. The problem of varicose eczema is primarily organizational: it is within the competence of both surgeons (phlebologists) and dermatologists, therefore, effective diagnosis and treatment requires interaction between doctors of these specialties. To date, there are no uniform approaches to diagnosing skin lesions with CVI. Difficulties in diagnosis lie in the variety of skin changes associated with this pathology. A diagnostic algorithm can fill this gap. Factors predisposing to the development of varicose eczema have not been studied.

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