

# **Diseases of Leg Veins, Post-Thrombophlebitic Syndrome. Lymphostasis. Thromboembolic Syndrome, Pulmonary Artery Thromboembolism**

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**Abstract:** In this article, diseases of the leg veins, post-thrombophlebitic syndrome, lymphostasis, thromboembolic syndrome and pulmonary artery thromboembolism are described in detail.

**Key words:** syndrome, venous vessels, lymphostasis, thrombosed vein, valves, blood pressure, etc.

This is a symptom complex that develops as a result of experienced thrombosis of the deep veins of the legs, occurs in 1.5-5% of the population. The most common result of deep vein thrombosis is thrombus recanalization, less often - obliteration of thrombosed veins. The process of thrombus formation begins 2-3 weeks after the onset of the disease and ends with recanalization in several months to 5 years. A damaged vein turns into a rigid sclerosed tube when the valves are damaged. Paravasal fibrosis develops. As a result of increased pressure in the damaged deep veins, pressure increases in the system of communicating veins, which are functional at first, and then become inactive in terms of organs. Reflux occurs in leg veins, it begins to flow from deep veins to subcutaneous veins, arteriole-venular anastomoses open. Changes are particularly profound in the lower third of the calf, over the medial ankle, where the largest perforating veins and orthostatic venous pressure are highest. Disturbances of microcirculation are the cause of formation of trophic ulcers.

The earliest symptom is a feeling of heaviness and pain in the affected leg, which increases when standing on the leg for a long time and decreases when the patient raises the leg. At night and when standing for a long time, most of the calf muscles get tight. Swelling in the leg does not go away even after a night's sleep. When the iliac veins are damaged, the swelling covers the entire leg, when the femoral vein is damaged, it covers the leg and the lower third of the thigh, in case of thrombosis of the deep veins of the calf, it covers the area of the ankles and the sole of the foot. Varicose veins develop in 65-75% of patients, which occupy the system of large and small subcutaneous veins. When the iliac veins are damaged, the subcutaneous veins of the anterior abdominal wall are dilated. Induration of the tissues of the lower third of the calf, especially the medial area of the ankle, is characteristic. Skin and subcutaneous adipose tissue is dense, motionless, brown or dark brown in color. Moist eczema, which is very itchy, often appears on the changed skin. In the same place where trophic ulcers are located, they recur for a long time. Trophic ulcers are single or numerous, the edges are sclerosed, the bottom is smooth, covered with soft granulations, and they ooze little by little. 4 clinical types of PTFS are distinguished: swollen-painful, varicose, ulcerated and mixed types.

Previous deep vein thrombosis indicates PTFS. The results of the Delbe-Pertes and Pratt-1 functional tests confirm the diagnosis, showing impaired permeability of the deep veins. In the ultrasound doppler examination, loss or decrease of blood flow in the thrombosed veins, acceleration of blood flow in the superficial veins, and in the ultrasound duplex examination, information about the state of the intima-media of the thrombosed veins, the state of the thrombus inside, venous permeability, blood flow, speed and volumes in the communicating vessels is determined. In the event that the result of the examination is not completely satisfactory, the data of dynamic phlebography confirm the diagnosis. Differential diagnosis is carried out with varicose veins, Parks-Weber syndrome, heart and kidney diseases, groin tumors, and lymphedema. Treatment is carried out in a complex way. A syndrome that develops as a result of blockage of blood vessels by blood clots that have entered the circulating blood, characterized by a cessation of blood supply through these vessels to the relevant organs and tissues. In particular, thromboembolism of the pulmonary artery, thromboembolism of the cerebral arteries with the development of ischemic stroke, splenic or renal arteries with infarction of the corresponding organ, mesenteric or retinal arteries. Sometimes - coronary arteries with the development of large-focal myocardial infarction. It is observed as a complication of diseases accompanied by hypercoagulation of the blood, damage to the vascular walls, endocardium (atherosclerosis, rheumatism, vasculitis), slowing of blood flow (heart failure), as well as cardiac arrhythmias. In hereditary thrombophilias, recurrent thrombosis is observed already at a young age; there is a family predisposition to thrombosis. Most often we are talking about an abnormality of factor V, which gives it resistance to activated protein C; mutations of the antithrombin III genes and proteins C and S are less common. Acquired thrombophilias are observed with congestive heart failure, diabetes mellitus, obesity, nephrotic syndrome, as well as with prolonged bed rest, taking estrogens, after childbirth or surgery. It is known that thrombosis and thromboembolism of cerebral and coronary vessels, as well as the pulmonary artery, are the most important cause of mortality and disability in the population.

An excessive increase in platelet aggregability is most often observed in “meteopathic” patients during periods of thaw in winter and thunderstorms in summer, when in all people the “stickiness” of platelets slightly increases, usually in combination with depletion of fibrinolysis. In young and middle-aged women, the use of oral contraceptives and criminal abortions increase the risk of venous thrombosis and, accordingly, thromboembolism of the branches of the pulmonary artery. Thrombophlebitis of the veins of the lower extremities, hemorrhoidal, pelvic and other veins are usually observed in meteopathic individuals over 55 years of age who have risk factors. The rupture of a blood clot can be provoked by physical overexertion (heavy lifting, etc.), or alcohol intoxication. In normal veins, stagnation of blood (during a long-term sedentary state) causes a tendency to form blood clots; thrombosis of the veins of the pelvis and legs has been described in elderly people sitting for several hours in an uncomfortable position, and thrombosis after blood transfusion. Therefore, the prevention of thrombosis is of particular importance in people with sedentary professions, in bed patients and in elderly people with age-related depression of the fibrinolytic system.

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