



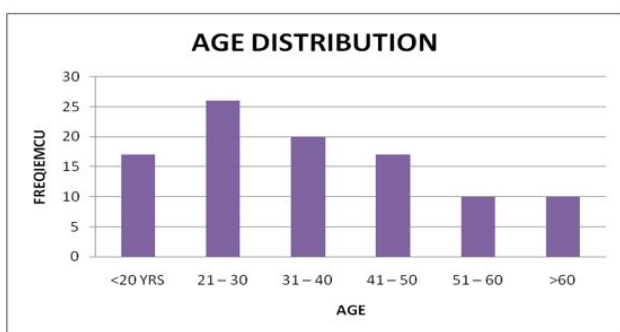
**RESULTS**

Among the study population, a majority of 26 % constituted between the age group 21-30 years followed by 20% between the age group 31-40 years, 17% between the age group 41- 50 years and less than 20 years, 10 % between the age group 51-60 & above 60

years (Table 1 and Figure 1). The study population was distributed as 62 % of males and 38 % as females (Table 2 and Figure 2).

**Table 1: Age distribution of the patients.**

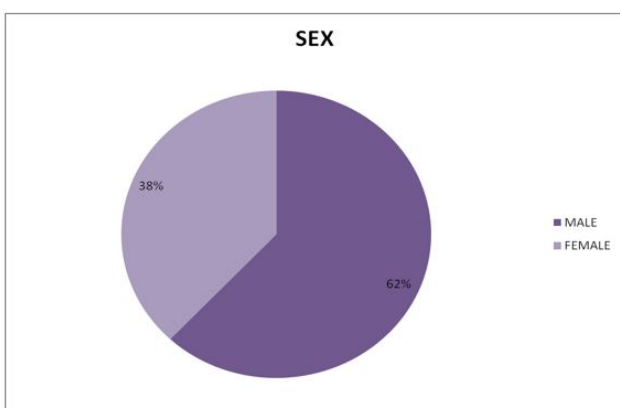
Age	No of cases	Percentage
<20 YRS	17	17
21 - 30	26	26
31 - 40	20	20
41 - 50	17	17
51 - 60	10	10
>60	10	10
Total	100	100



**Figure 1: Age distribution of the patients.**

**Table 2: Gender distribution.**

Sex	No of cases	Percentage
Male	62	62
Female	38	38
Total	100	100



**Figure 2: Gender distribution.**

Most of the people presented with symptoms persists more than 2 years before they sought the medical attention.12% presented with in six months duration and

another 21% took for about at least 2 yrs. to medical consultation. Those who took 2 -5 yrs. constituted 28% those who took more than 5 yrs. constituted 13%. Time duration for the presentation between 3 months minimum and 20 years maximum (Table 3).

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**Table 3: Mean duration of presentation.**

Presentation	No of cases	Percentage
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Lipodermatosclerosis	31	31
Venous ulcer	19	19
Hemorrhage	7	7
Total	100	100

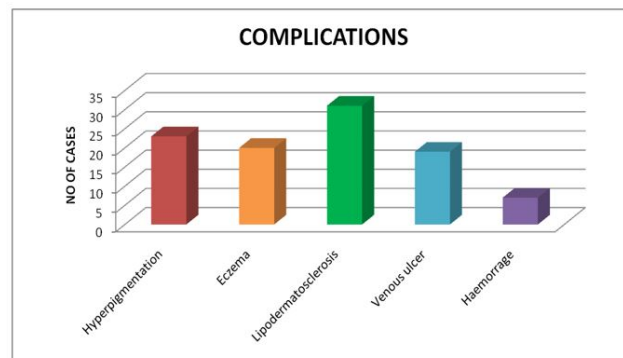


Figure 7: Patients with complications of varicose vein.

Table 11: Post-operative complications.

Complications	no of cases	Percentage
Seroma	14	34
Recurrence	27	66
Total	41	100

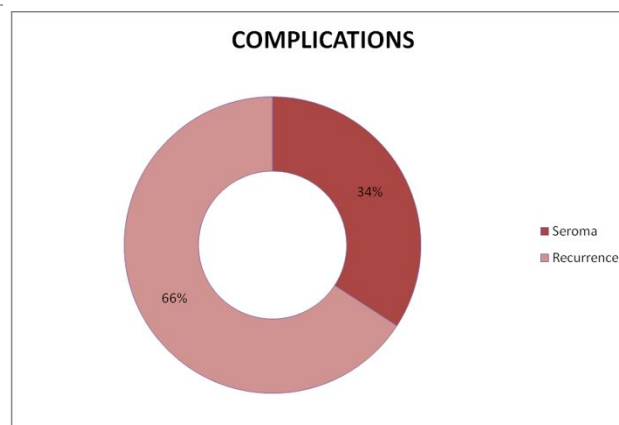
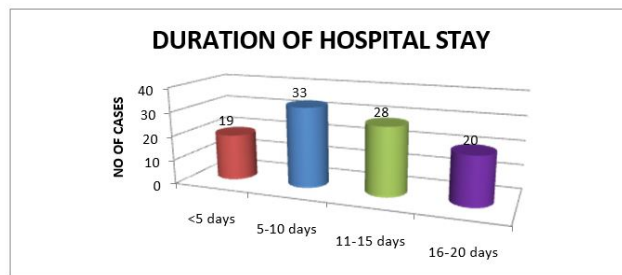


Figure 8: Post-operative complications.

33 % of the people stayed mean duration 5 -10 days in hospital. 28% people stayed for the duration about 11-15 days. 20% people stayed for the duration about 16-20 days in the hospital and 19 people stayed for less than 5 days in the hospital. Minimum 4 days maximum 19 days is duration of hospital stay for the patient (Table 12 and Figure 9).

Table 12: Duration of hospital stay.

Duration of hospital stay	No of cases	Percentage
<5 days	19	14
5-10 days	33	29
11- 15 days	28	28
16- 20 days	20	15
TOTAL	100	100



**Figure 9: Duration of hospital stay.**

## DISCUSSION

This study was conducted among 100 patients with varicose veins of Sree Balaji Medical College and Hospital between March 2017 and October 2018 for a period of 18 months. According to Evans CJ, Fowkes FGR, Male and female ratio constitutes for about 1:2, Males constitute 62 % of our study and females 38 %. Male:female ratio 1.6:1.7. The age group which affects predominately economically productive people between 20 to 40 yrs. Mean age of presentation is around 2 years. 12 patients less than six months and longest duration are more than 10 years. Varicose vein being a benign disorder hence people do not seek medical attention early except for haemorrhagic varicose veins. Manual worker constitutes 16% of our study. Occupations like manual labourer, salesman, farmers, security guards constitute around 50%. 38% of the people seek medical attention due to varicosities and one fourth of patient complaints discomfort or pain. Ulceration and haemorrhage were about 14 % and 3 % respectively. In my study Left sided lesions were more common than right side. Varicosities is the most common presenting symptom. Long saphenous segment is more common than short saphenous segment. Both systems were involved in 15% of people. Sapheno-femoral incompetence is the most observed pathology. Of the perforators below knee perforator is commonly involved and lateral perforator least. Trendlenburg procedure with stripping and stab avulsion with subfacial ligation of perforation was most done.

SSG combined with the above procedure was done in 10% of the patients. Lipodermatosclerosis was the common complication. Hyperpigmentation was seen in 23 % of patients. 19 % of the patients presented with venous ulcers. Eczema was seen in 10 % of patients and 5% of the patients presented with haemorrhage. Mean hospital stay was 11 days. Minimum stay in the hospital was 4 days and the maximum was 19 days [4-35].

## CONCLUSION

In my study Varicose veins was relatively common among the youth and middle age groups. Risk factors for the development of varicose veins were prolonged standing and multiparity. Clinical presentations ranged from mild to severe varicosities, with ulcer and Lipodermatosclerosis being the most severe forms. At present, Duplex ultrasound scanning is the most reliable investigative tool in making diagnosis of varicose veins in terms of valve incompetence along GSV and SSV, deep

vein thrombosis and perforator incompetence. Treatment includes conservative management, sclerotherapy, and surgery. Conservative management was advised in patients who are pregnant and patients with contra indications for surgery. These patients were advised to wear compression stockings. Sclerotherapy was advised in patients with reticular veins. Surgical procedure includes Trendlenburg procedure, stripping of the vein and sub facial ligation of the perforators. Surgical intervention has been revolutionized by the development of endovenous techniques like radiofrequency ablation, laser ablation, foam sclerotherapy and sub facial endoscopic perforator surgery.

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## ETHICAL APPROVAL

The study was approved by the Institutional Ethics Committee.

## CONFLICT OF INTEREST

The authors declare no conflict of interest.

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