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RESULTS OF COMPREHENSIVE TREATMENT OF PATIENTS WITH VARICOSE ECZEMA OF THE SHIN ASSOCIATED WITH MYCOTIC INFECTION

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Abstract. The development of chronic venous insufficiency (CVI) is based on the disruption of normal venous outflow from the lower extremities due to the development of valvular insufficiency in all parts of the venous bed, and in some cases (post-thrombophlebitic syndrome, aplasia and compression of the veins) – due to the disruption of the patency of the deep veins.

Keywords: CVI, method, venous, diagnosis.

INTRODUCTION

Dermatological complications are observed in 60-75% of patients with trophic ulcers. Circulatory disorders, hypoxia, tissue destruction and prolonged exposure of the skin to bacterial and fungal agents create favorable conditions for the development of sensitization, which leads to the development of varicose eczema. Varicose eczema is a chronic recurrent disease. The pathogenesis of varicose eczema is complex and not fully understood. The leading place in the pathogenesis is occupied by impaired peripheral hemodynamics. According to modern concepts, varicose eczema develops as sensitization to a microbial antigen against the background of changes in the neuroendocrine and immune systems and dysfunction of the gastrointestinal tract.

MATERIALS AND METHODS

Varicose eczema is part of the varicose symptom complex, located on the shins, near varicose veins and trophic ulcers, in areas of hyperpigmented and sclerotic skin. Factors that favor the development of the disease are injuries, increased sensitivity to medications used to treat varicose ulcers, maceration of the skin when applying bandages. The main mechanism for the implementation of the eczematous process in trophic ulcers is sensitization of the body. Mycologists are known to have the opinion that pathogenic fungi and their metabolite products may have an allergic effect on the human body [3, 4]. Many authors attribute a significant role in the pathogenesis of foot mycoses to vascular disorders, since trophic disorders found in patients, as well as the associated suppression of oxidation-reduction processes, contribute to the development of mycotic infection. Often, patients with trophic ulcers of the lower extremities have concomitant mycosis of the feet.

RESULTS AND DISCUSSION

The extreme prevalence of chronic venous diseases (in 68% of women and 57% of men) causes a decrease in working capacity and quality of life, which allows us to consider the problem of prevention and treatment of CVI not only as purely medical, but also as an important socio-economic one. All this indicates the absence of preventive measures, absolutely insufficient attention to this problem from both patients and doctors. The stereotype that has developed in Russia, according to which venous diseases are considered a purely surgical pathology, has led to the fact that a huge number of patients who, for one reason or another, do not have indications for surgical intervention, do not receive adequate medical care. All this

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dictates the need for active participation of general practitioners in the treatment of patients with CVI. The scope of adequate conservative treatment of resistant ulcers has not yet been fully determined. A significant variety of drugs indicates that to date the issue of treating erosive and ulcerative skin defects requires further study. It is not always possible to achieve epithelialization of old, extensive and deep trophic ulcers with varicose eczema using conservative methods. Therefore, if treatment is ineffective and ulcers relapse, local treatment methods are used for preoperative preparation and to create conditions for the engraftment of transplanted autodermal grafts or full-layer flaps. At the same time, the transplanted skin does not always engraft; in 15-20% of cases, partial or complete necrosis of the transplanted flap occurs.

The study included 20 patients (13 women and 7 men) aged 21 to 80 years, 49 ± 4.5 years on average, with varicose eczema associated with mycotic infection and trophic ulcers of the leg. The patients were treated since 2006 at the A.V. Vishnevsky Institute of Surgery, Russian Academy of Medical Sciences, in the Department of Purulent Surgery, and at City Clinical Hospital No. 14 named after Korolenko. According to our data, trophic ulcers of the leg were most often localized on the left lower limb, mainly on the inner surface of the lower third of the leg. The duration of chronic venous insufficiency ranged from 5 months to 30 years. The main complaints of the patients were pain in the limb and in the ulcer area, a feeling of distension and heaviness. Among other symptoms, eczematization phenomena prevailed, which varied from mildly expressed localized to more widespread. Most often, at the time of admission, eczema phenomena were subacute. The lesions were characterized by true and false polymorphism: hyperemia, papules, vesicles, pustules, microerosions, cracks, greenish-yellow and bloody crusts and scales. The process was most often asymmetrical, with localization on the skin of the shins around the ulcers. Diagnosis of the disease was carried out on the basis of clinical and anamnestic data and special research methods. The methods generally accepted in hospitals were used: physical examination of the patient, clinical blood and urine tests, biochemical blood test, coagulogram. Of the special examination methods used to determine the state of venous circulation in the lower extremities, ultrasound duplex scanning with color mapping of the vessels of the lower extremities was used. Additional methods were microscopic and cultural studies for fungal infection, bacteriological examination, and enzyme-linked immunosorbent assay (ELISA) IgE for fungal antigens.

CONCLUSION

Our study showed:

– the key to successful treatment of varicose eczema associated with mycotic infection is etiopathogenetically substantiated therapy with the obligatory inclusion of systemic and topical antimycotics;

– the most effective was complex therapy of varicose eczema associated with mycotic infection.

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