

EPIDEMIOLOGICAL CLINICAL STUDY OF ULCUS CRURIS – WHAT DO THEY SAY US?

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Introduction: Ulcus cruris venosum (UCV) is terminal consequence of chronic vein insufficiency. In epidemiological studies of general population UCV has prevalence of 1% (0.18-4%) – Tibingen, Basel, Bohn, Belgrade and etc. UCV is most common chronic vascular wound, repetitive and multifactorial disease.

Aim: This study is clinical-epidemiological examination which included 7040 patients, of which 197 patients have venous ulcers (Angiology department, City Institute of Dermatology, Belgrade, 2006-2007). Aim of the study is to determine form of the diagnosis and therapy, risk factors, patient profile and cost effectiveness of the Ulcus cruris treatment (operative or non operative).

Method: Incidence of patients with Ulcus cruris is 3.6% of all Angiology department patients. Diagnosis is determined on basis of the disease history, clinical image, echosonographic finding, ultrasound examination of subcutaneous tissue and laboratory finding (thrombophilia).

Results: 102 patients are female, average age 42.5; 95 male, average age 49. Average wound area is 36 cm². Duration of the wound before therapy is 10 months and average healing time is 5 months. All patients have from 2 to 5 relapse wound. Most common comorbidity is arterial hypertension, metabolic syndrome in whole and increased BMI. Color duplex scan of the vein is conducted at 96 of the patients. Indication for vein operation is determined at 59 (60%), operation is performed at 29 (15%) of the patients. Compressive therapy is incorrectly applied at all patients! Dressing of the wound is applied at 67 (34%) patients and standard wound therapy (local treatment, compression therapy) at the other patients. There is mistreatment of the topical drugs (corticosteroids, antibiotics) and high percent of the contact allergic dermatitis. Average risk factors are 6 by patient, on first place, hereditary factor (4-15 at each patient). Quality of life is significantly decreased at all patients – scores elements: pain, duration of the disease, price of the therapy, psychic and social dimensions, etc. Cost effectiveness of the UCV operative treatment is averagely 1500€. Cost effectiveness of five month conservative treatment (medical care, drugs, dressings, compressive therapy, doppler examination) is 1900€.

Discussion and Conclusion: This study presents existence of the disharmony between known and accepted principles of contemporary medical doctrine in treatment of the UCV and its applications in practice. It is especially related to basic, haemodynamic treatment (small number of operations, nonadequate compressive therapy). Also, it is not enough to use modern dressings for the UCV treatment. Healing of the ulceration is extended, relapses are common. Beside the accessibility of the health service, important role in wound healing have patients profile as specific risk factor for UCV and low economy standard.

Key words: Ulcus cruris venosum, epidemiology