

**POPLITEAL VEIN REFLUX IS FREQUENT IN HARD-TO-HEAL
VENOUS LEG ULCERS**

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Aim: The aim of this study was to assess whether a difference in the venous reflux pattern, size or duration of the ulcer or patients' medications could predict the healing of a chronic venous leg ulcer.

Methods: Consecutive patients with venous leg ulcers were assessed. Controlled conservative three months treatment period was started for every eligible patient. Colour flow duplex imaging (CFDI) was performed to study the pattern of venous insufficiency.

Results: 110 chronic leg ulcer patients were screened. 50 patients with 60 hard-to heal venous leg ulcers were included. If the wound was to heal within 3 months it was 5 cm² before starting the controlled treatment (range 1-80 cm²) and if not it was 11,2 cm² (range 1-31 cm²). If healed, the wound had been open for 7 months (2-48 mo), if not healed it had been open for 26 months (8-106 mo). The study patients did not differ in smoking habits, age, gender or regarding the take of oral daily medications. In the multivariate model only popliteal vein reflux remained significant OR=4.2 (CI 1.0-17.3).

Conclusion: Long duration and large size of the chronic venous ulcer may predict poor outcome. This study underlines the major role of popliteal reflux in these patients. It is also notable that the longer the duration of the venous leg ulcer the more effort is needed for its closure. The reflux in popliteal vein is important to be discovered before additional skin closure methods are planned for chronic hard-to-heal venous leg ulcers.