

SWOLLEN LEG

- **Lipoedema**

- Disorder of fat distribution of legs
- F>>M
- Symmetrical non-pitting. [ultrasound will show fat no fluid]

Treatment: Diet rarely helps. Maintain weight avoid weight gain. Exercise and compression. Surgery very rarely.

- **Lymphoedema**

- OFTEN UNILATERAL. Diagnosis clinical. Stemmer's sign [pinch base of 2nd toe] – will not be able to pinch skin to produce a fold.
- Primary: Hypoplasia/Dysfunctional
- Secondary [to tumour, radiotherapy, surgery, trauma, burns]

- Categorized
 - Stage 1: Pitting oedema at end of day. Improved with elevation
 - State 2: Thickened skin. Persistent swelling – no improvement with elevation
 - Stage 3: Complicated extreme swelling. Warty/hyperkeratotic skin. Skin damage
- Compression bandage and class 3 compression stocking - Refer specialist unit. Tertiary units at Mount Vernon/St John and St Elizabeth.
- Good skin care important – moisturize and treat fungal infections etc.
- Pneumatic Lymphopress – limb is put into sleeve which is inflated to apply pressure. Often works VERY well

- **Post thrombotic Leg syndrome**

- 33% of DVTs develop this
- Risk Factors:
 - Symptoms more than 1 month after DVT.
 - Extensive DVT
 - Obesity
 - Older age
 - Class 2-3 stockings for more than 2 years reduces incidence

- **DVTs**

- ALL TIBIAL VEIN VTE REQUIRE Class 2 stockings
- BEWARE ASCENDING PHLEBITIS – COULD represent DVT extending
- SVT and DVT same disease. 2 episodes in different location – consider lifelong anticoag. Investigate for thrombophilia and do CT abdo and Thorax [may have underlying malignancy]
- Consultant presented a case of superficial vein thrombosis which led onto pulmonary embolus and recommended that cases of SVT should be anticoagulated.
- May Thurners Syndrome- iliac vein compression syndrome – may be a cause of recurrent DVTs

Varicose veins:

- Refer if phlebitis/eczema/leg swelling/permanent skin changes [lipodermatosclerosis] / ulcerated/severe pain
- Can bleed torrentially: immediate admission
- In pregnancy:
 - Conservative and symptomatic [elevation/compression]
 - Low molecular weight heparin with phlebitis [exclude DVT]

Pelvic Congestion veins

- Becomes worse in 2nd/3rd trimester
- Seen after 2nd but commonly 3rd pregnancy
- Improve after child birth