

Chronic Venous Insufficiency (pitting edema)

- Incompetence of valves or occlusion of veins resulting in...
 - Class I: varicose veins (shift in blood from deep to superficial veins causing varicosities which are distended and tortuous superficial leg veins that are painful, cosmetically distressing, etc), pitting edema (worse as the day goes on)
 - Class II: stippled hyperpigmentation 2/2 hemosiderin extravasation, stasis dermatitis (inflammatory papules, scaly/crusty erosions w/ "atrophie blanche" aka depressed ivory white patches), lipdermatosclerosis (fibrosis of SC tissue resulting in induration in lower 1/3 of leg w/ edema above/below sclerotic region)
 - Class III: medial malleolus ulcer (vs artery = at pressure sites like toes/heel vs neuropathic = at pressure sites vs SCC vs pressure ulcer vs injection ulcer vs vasculitis)
- RFs: increased venocaval pressure 2/2 pregnancy and CHF
- Dx: clinical, Duplex US can detect venous incompetence (use if pt is in need of invasive procedure)
- Tx: exercise to move blood up, leg elevation, weight loss, heat, graduated compressive dressings/stockings, surgical ligation/stripping/avulsion/sclerotherapy for varicose veins, ET consult for placement of compressive bandages on ulcers, ASA, horse chesnut seed extract, pentoxifylline, diuretics for edema
- Complications: Deep Vein Thrombosis (DVT) w/ or w/o inflammation (phlebitis) or Superficial Vein Thrombophlebitis (2/2 infection or trauma from needles/catheters if normal vein OR 2/2 chronic venous insufficiency in a varicosed vein, inflammatory thrombosis of superficial veins resulting in a tender, palpable, erythematous, warm cord)

Chronic Lymphedema (NON-pitting edema)

- Impaired lymphatic transport
 - Primary
 - Congenital aka Milroy's Disease (<puberty)
 - Praecox (puberty-30yo) most common
 - Tarda (>30yo)
 - Secondary
 - Obstruction: 2/2 neoplasm, parasitic infection w/ *Wuchereria filariasis* resulting in "Elephantitis", etc
 - Destruction: 2/2 LN dissection as in during mastectomy, radiation, trauma, etc
- Sx: pain, heaviness, non-pitting edema eventually resulting in "peau d'orange" appearance from progressive fibrosis of cutaneous and SC tissue and by hyperkeratosis and papillomatosis
- Dx: clinical + Radionuclide Lymphoscintigraphy, CT, MRI
- Tx: similar as above but do not use diuretics
- Complications: lymphangitis (infection of channels 2/2 GABHS, looks like a red linear streak w/ a palpable cord) vs lymphadenitis (infection of LNs) and lymphangiosarcoma