

FOOTBALL PLAYER AND VARICOSE VEIN: A CASE REPORT

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Abstract

Varicose veins are excessively or permanently elongated, dilated or tortuous venous blood vessels caused by the long-term impact of blood pressure within them. In general, numerous studies show that 1 out of 22 people, i.e. 4.5% of the total studied population, have varicose veins. The representation among women in relation to men is from 1.3-1 to 4.0-1 in favor of women. There are numerous risk factors that contribute to the appearance of varicose veins, but the most significant place still belongs to the family history. During a clinical examination, the knowledge of the anatomical features of the venous system is of crucial importance, the veins of the legs are divided into superficial and deep, which are connected to each other by a third venous system called communicating (perforator) veins. We present a case report of a 62-year-old former professional soccer player and still an active athlete, who came for examination due to pronounced swelling in the region of the right and left ankle, more on the right, with occasional cramps in the evening and a feeling of heaviness in the legs. The changes appeared several years ago and gradually intensified. It gives data on injuries in the past but not on injuries in recent years. She denies past illnesses, while the family history reveals that the mother has varicose veins. The patient underwent a clinical examination as well as an echo Doppler sonography, where enormously dilated varicose veins were noted. The patient received conservative therapy, the lifestyle was changed, but a recommendation for sclerosing therapy was given.

Keywords: varicose vein, edema, blood vessels, telangiectasia.

1. Introduction

Varicose veins are venous blood vessels, excessively or permanently elongated, dilated or twisted, caused by the long-term influence of blood pressure in their interior. The places where the expansions can occur are: superficial, communicating and deep venous systems, but also capillary blood vessels in the skin and mucous membrane. The prevalence of varicose veins in industrialized countries is very high. In general, numerous studies show that 1 out of 22 people, ie 4.5% of the total studied population, have varicose veins. The representation among women in relation to men is from 1.3-1 to 4.0-1 in favor of women. A positive family history plays a huge role. Development of varicose veins in children is up to 90% if both parents have varicose veins, 62% if only the mother, 25% if only the father and up to 20% if none of the parents have varicose veins. Based on the etiological factors, varicose veins are divided into three groups: primary, secondary and congenital. There are also numerous risk factors for the appearance of varicose veins including: hereditary factors, sex, age, hormonal changes, hormonal therapy, oral contraceptives, obesity, occupations related to long standing in the same position, occupations related to long sitting in the same position, wearing tight shoes, wearing high-heeled shoes, smoking cigarettes, long-term exposure of the legs to heat, excessive sunbathing, long-term driving, fractures and injuries of the legs, surgical interventions on the legs and others. Pathogenetic mechanisms divide the factors that contribute to the appearance of varicose veins into two groups: factors that participate in

determining the strength of the vein walls and factors that participate in the creation of high pressure inside the veins. Clinical manifestation of varicose veins includes a number of symptoms such as heaviness in the legs, numbness in the legs, tension, fatigue, pain in the legs, cramps in the lower leg especially at night, as well as signs characteristic of varicose veins are red, purple or blue, sharp, net-like or radially distributed changes under the skin of the feet, large, dark blue or dark purple changes under the skin of the legs, slight swelling in the lower leg and around the ankles, skin color changes, inflammatory skin changes, decreased hairiness of the skin over the enlarged veins, vein thrombosis, lower leg wounds, bleeding from varices.

2. Case report

We present a case report of a 62-year-old former professional football player and still an active athlete, who comes for examination due to pronounced swelling in the region of the left and right ankle, more pronounced on the right, with occasional cramps in the evening and a feeling of heaviness in the legs. The changes appeared several years ago and gradually intensified. He gives information about injuries in the past but not about injuries in recent years, he is still actively involved in sports, plays football twice a week, runs 10 km every morning and does 20 push-ups and 100 juggling. He denies the use of alcohol, cigarettes and other psychotropic substances. He denies any past illnesses, while the family history shows that his mother had varicose veins. A clinical examination was performed on the patient, where edema of the ankle joints more in the right area, telangiectasia on the lower third of the lower legs and feet, varicose veins on the middle third of the lower legs and lower third of the upper legs with nodular formations were observed. From the laboratory investigation that was done, there were no deviations, all parameters were within the limits of reference values. An echo Doppler sonographic examination was also performed on the patient, where data was obtained for proper arterial circulation of the two lower extremities with the presence of a three-phase Doppler signal at the level of AF, AP, AT, ADP. Deep veins are patent without signs of deep vein thrombosis. Superficial venous system: SFJ right with reflux while left is competent. On the right limb, a dilated VSM is registered along its entire length, in the area of the upper leg it has a diameter of 1.1x1.5 mm, lower leg with a diameter of 1.0x0.7 mm, with numerous varicose branches along the entire length of the limb. The VSP is also dilated but with smaller dimensions 0.8x0.7 and normally flows into the VP. On the left limb VSM and VP are minimally dilated (VSM 0.4x0.35, VP 0.38x0.42) and with several dilated superficial branches along the limb. Perforator veins in the lower middle Cocket are also noted on the right limb. Due to the significant enlargement of the superficial veins on the patient's right limb, conservative treatment was started, which included wearing elastic compression stockings, medicinal therapy with diosmin and preparations based on dry extract of maritime pine bark to relieve symptoms, and a consultation was recommended. with a vascular surgeon for further treatment regarding invasive and less invasive methods.

3. Discussion

Long sitting or standing can hinder the flow of blood in the legs and this results in increased pressure on the venous vessels and the development of varicose veins. Dehydration during soccer games due to intense sweating, as well as unhealthy eating habits are factors that lead to the development of varicose veins. The prevalence of all forms of varicose veins increases with age and reaches a value of 25% in people up to 30 years old and 60% in people aged 70 years. The most important question is what's an athlete to do? The key is not to simply ignore the problem. Many studies recommend wearing preventive measures can help. Wearing

a [compression stocking](#) can improve athletic performance. This inexpensive sock-like hosiery gently helps to promote more efficient circulation through the legs and feet. But sometimes, compression stockings aren't enough.

4. Conclusion

Varicose veins appear gradually and develop over years, which is why their proper treatment is necessary to prevent the development of further complications, although the first priority is to avoid the risk factors for their occurrence.

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