

## OBEZİTE VE KRONİK VENÖZ YETMEZLİK

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### Giriş

Günümüzde hem obezite hem de kronik venöz yetmezlik (KVY) global ve gittikçe yaygınlaşan iki önemli sorundur. Obezite ve KVY arasında, immobilité üzerinden, karşılıklı ve çift yönlü bir etkileşim söz konusudur. Bu durum ise; iş gücü kaybı, yaşam kalitesinde ciddi bozulma, psikiyatrik problemler ve yüksek sağlık maliyetlerine sebep olmaktadır. Dolayısıyla bu etkileşimin iyi anlaşılması; hem KVY için kontrol edilebilir bir risk faktörü olan obezitenin tedavisinde hem de obeziteye bağlı KVY'in erken tanı ve tedavisinde önemli bir farkındalık yaratılmasını sağlar.

### Tanım

Kronik venöz yetmezlik (KVY), alt ekstremitelerde venöz sistemi etkileyen ağrı, kramp, bacaklarda huzursuzluk, ödem, kaşıntı gibi subjektif semptomları içeren ve telanjiektazi, retiküler venler, variköz venler, pigmentasyon / egzema,

lipodermatoskleroz, beyaz atrofi ve venöz ülser gibi deri değişikliklerine sebep olabilen çok yaygın bir durum olarak tanımlanmaktadır.<sup>(1)</sup>

Alt ekstremité venöz sistem; derin, yüzeysel ve perforan venöz sistemlerden oluşur. Derin venöz sistem müküler fasya altında ana arteryel yapılarla eşlik eder yapıda seyrederken, yüzeysel venöz sistem subkütanöz doku içinde yer alır. Perforan venler ise yüzeysel venlerden köken alan, derin fasyayı delip geçerek derin venlere dökülen dolayısıyla yüzeysel – derin etkileşimi sağlayan venlerdir ve akım yüzeysel venlerden derin venlere doğru tek yöndedir. Alt ekstremitenin venöz drenajının %90'ından sorumlu ana venöz yapı bir derin ven olan vena femoralistir ve proksimalde eksternal iliak ven distalde ise popliteal ven şeklinde devam eder. Popliteal ven ise infra-popliteal bölgede arterlere eşlik edecek şekilde anterior tibial ven, posterior tibial ven, peroneal ven, soleal ven ve gastrokunemius ven şeklinde devam eder. Ana yüzeysel venler ise vena safena

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daha şiddetli, tedaviye dirençli ve tekrarlayıcı venöz ülserler ile seyreder. Aynı zamanda obezite nedeniyle zaten azalmış olan günlük aktiviteler KVV ile ilişkili bacak ağrısı, ödem, şişlik, kramplara bağlı uyku bozuklukları, venöz ülserasyon gibi ek problemlerle daha da kısıtlanır ve hastalarda anksiyete, depresyon ve sosyal izolasyon gibi psikolojik problemlerin derinleşmesine sebep olur. Tüm bu durumlar obez hastalarda KVV'nin erken tanı ve aktif tedavisinin zorunluluğunu işaret eder.

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