5. BÖLÜM

Telenjiektazi ve Retiküler Ven Tedavisi

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Giriş

Kronik venöz hastalıklar, retiküler, telenjiektazik ve variköz venlerden, ülsere ve hiperpigmente cilt değişikliklerine kadar geniş bir spekturumu kapsamaktadır [1]. Variköz venler batılı toplumların yetişkin populasyonun %25 ini etkilemektedir. Bunlara retiküler ve telenjiektazik venler eklendiğinde bu oran erkeklerde %80 lere, kadınlarda ise %85 lere yükselmektedir [2]. Variköz venler için risk faktörleri yaşam tarzı, hormonal, kalıtımsal ve edinsel faktörler olarak kategorize edilebilir (Tablo 1)(2,3).

CEAP (Clinical, Etiological, Anatomical, Pathophysological) sınıflamasının klinik 1 (C1) evresi retiküler ve/veya telenjiektazik venler olarak tanımlanmaktadır [4-6].

Retiküler Ven

Genişlemiş mavimsi ciltaltı tortioze venleri tarif etmektedir. 1-3 mm arasında çapa sahiptir. Ciltaltı ve mavi varisler olarak da tanımlanabilir [6].

Telenjiektazi

Telenjiektaziler kapiller dolaşımın venöz kısmında oluşan mor renkli genişlemiş yapılardır. Genellikle 0.1-1 mm arasında çapa sahip cilt venleridir. Örümcek (Spider), ağsı veya çizgisel varisler olarak da tanımlanırlar [6,7]. Venin, kapillerin veya arteriolün genişlemesi sonucu ortaya çıkabilir. Kapiller halkanın arteriol tarafından kaynağını alan telenjiektaziler parlak kırmızı küçük yapılar olup cilt yüzeyinden yukarı kabarmaz. Kapiller halkanın venöz tarafından gelişen telenjiek-

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