

## 8. BÖLÜM

# Venöz Ülser ve Tedavi Planlaması

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### Giriş ve Tarihçe

Alt ekstremitelerde ülseri olan insanların ayakta durmaları, milattan önce 460-377 yıllarında Hipokrat tarafından sakıncalı bulunmuştur ve böylece venöz yetmezliğin günümüzde anlaşılmasına daha o yıllarda ışık tutulmuştur [1]. 1866 yılında Spender venöz orjinli ülserleri ayırt ederek bunları venöz ülserler olarak belirtmiştir.

Kronik venöz yetersizlik toplumda yaygın görülen yaşam kalitesini azaltan tedavi maliyetleri yüksek önemli bir hastalıktır. Bu hastalık kadın popülasyonunda %25-33, erkek popülasyonda ise %10-20 oranında görülmektedir [2]. Hastalığa bağlı olarak venöz basınçta meydana gelen basınç artışı ve staz sonucunda ağrı, ödem, hiperpigmentasyon, hiperkeratoz ve venöz ülserler gelişebilmektedir [3].

Bacak ülserini iyileşme süreci 1,5 aydan uzun süren ayak ve bacaklardaki derinin kaybı olarak tanımlayabiliriz [4]. Venöz ülser CEAP sınıflamasında C5-C6 ile gösterilmekte olup, Widmer'in venöz yetmezlik klasifikasyonunda Evre III olarak tanımlanmıştır [1]. CEAP sınıflamasına göre C5 iyileşmiş ülser, C6 ise aktif ülser olmasıdır. Widmer sınıflaması Tablo 1' de verilmiştir.

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olarak başka hastalıklar da eşlik edebilir. Venöz yetmezliği ortadan kaldırmamıza rağmen iyileşmeyen hastalarda bu ek hastalıklar patogeneze eşlik ediyor olabilir. İnsan hayatında önemli kısıtlamalara yol açan yüksek maliyetleri olan bu hastalık çok yönlü bir yaklaşımla ve disiplinle tedavi edilebilir.

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