Abstract

Assessment of varicose vein and chronic venous insufficiency and making a differential diagnosis in patients suffering from a variety of signs and symptoms is sometimes a big challenge in daily clinical practice. Herein, we present a female patient with varicose vein symptoms and ecchymosis on her lower extremities. Several irregular shaped ecchymotic lesions on both extremities in different stages of healing with deep purple have been treated by usage of micronized purified flavonoid fraction.

Keywords
Varicose Vein; Chronic Venous Insufficiency; Ecchymosis.

Introduction

Venous disorders of legs or peripheral varicose vein is one of the most frequent diseases in general population [1, 2] and ranges in severity from minor asymptomatic reflux of vein or incompetence valves to chronic leg ulcers. These symptoms include aching, itching, restless leg, edema, muscle cramps, leg ulcers, tightness, heaviness and cosmetic concern as well. Indeed assessment of venous symptoms and making a differential diagnosis in patients suffering from a variety of symptoms is a big challenge in daily clinical practice. It is interesting to note that a little attention has been given to symptoms of patients regarding varicose veins in literature. Here, a female patient with varicose vein symptoms and ecchymosis on her lower extremities is presented.

Methods and Findings

A 46 year-old female patient applied with the complaints of leg pain, night cramps and swelling in the legs for several months. Her physical examination was normal except varicose vein (Panel A-4), edema and ecchymotic lesions on both legs. There were several irregular shaped ecchymotic lesions on both extremities in different stages of healing with deep purple have been treated by usage of micronized purified flavonoid fraction.
with deep purple (Panel A-1), brownish (Panel A-2) and pink discoloration (Panel A-3). Ecchymotic lesions were told to be occurring for several times in a year especially on summer time. She noticed new ecchymotic lesions mainly on the day of heavy working on standing position or the day after she had muscle cramps. She denied using of any drugs such anti-platelets or anticoagulants. Her cardiovascular examination including 12-lead electrocardiogram and transthoracic echocardiography was normal. Laboratory examination including biochemical and hematological parameters were within normal limits. Her venous ultrasonography revealed dilatation of great saphenous vein (>4mm) and reflux flow (>2 sec) on superficial femoral vein. One month after administration of micronized purified flavonoid fraction she was symptom free and there were no more ecchymosis on her legs. (Figure 1)

Discussion
The first case of varicose vein associated ecchymosis has recently been published [3]. Although this is the second case report of ecchymosis due to peripheral varicose vein, we believe that the number of cases can be easily increased by more detailed and individualized approach to patient symptoms. Extravasations of blood components namely erythrocytes due to rupture of small vein during the muscle cramps are likely the mechanism of ecchymosis [3].

Regarding the diagnostic challenge of venous leg symptoms, ecchymosis should be also taken into consideration in the differential diagnosis of varicose vein or venous insufficiency. Individual assessment of patients with a more detailed history of complaints and reappraisal of the venous symptoms would partially resolve the weakness of lower limb symptoms [4]. Moreover inclusion of ecchymosis in association with muscle cramps would increase the diagnostic accuracy of venous leg symptoms, with the support of clinical studies.

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References

Figure 1: Peripheral varicose vein and ecchymosis in a female patient.