



Developed and funded by Alfasigma  
For Healthcare professionals



## Vascular Interview Matei

**Welcome to Vascular Experts, medical talks on vascular disease. Today we're joined by Dr. Sergiu Matei, who is a doctor of general surgery at Emergency County Hospital in Timisoara, general secretary of Romanian Society of Phlebology, international ambassador of Egyptian Venus Forum and the president of Balkan Venus Forum. So, welcome Dr. Matei, pleasure to have you.**

Thank you for inviting me, it's a great pleasure to be here too.

**Can you briefly explain what skin changes are commonly seen in patients with chronic venous disease?**

Skin changes are very important clinical signs which occur in chronic venous disease. In most of the cases, skin changes are related with hyperpigmentation, with lipodermatosclerosis, with eczema and even with venous leg ulcers.

I would like to say that skin changes, it's a kind of last call of your organism, which say that something seriously is happening inside and you should be aware that many, many complications, many, many bad complications may occur.

**And so, in which stage of chronic venous disease skin changes typically appear?**

Usually skin changes appear in advanced stages of chronic venous disease. Of course, when you're talking about the clinical picture of the chronic venous disease, we use the CEAP classification, which is not a severity score, but which presents us the clinical picture.

So, usually the skin changes are encountered in C4 to C6 stage of chronic venous disease. More than 75% of these patients will present skin changes. Of course, slight skin changes may be encountered in lower percentages in C3 stage of the disease, but once again, usually skin changes are related with advanced stages C4 to C6.

### **And what are venous ulcers and how are they related to chronic venous disease?**

Venous ulcers are the most serious complications of chronic venous insufficiency. Venous leg ulcers are a common wound, one of the most frequent wounds of the lower limb. Their prevalence is up to 1% in the general population and can raise up to 4 to 5% in people with ages over 80.

Also, I would like to say a very important aspect that venous ulcers are one of the most challenging complications to deal with for the phlebologist. And also, they are a huge burden for the patients, but at the same time, they are a huge burden for the economical point of view for the healthcare systems.

### **How do you differentiate venous ulceration from arterial ulceration?**

Actually, this is a very good question because the treatment is different if you have a pure venous ulcer or an arterial ulcer or a mixed ulcer.

So, regarding the location of the ulcer, usually the venous ulcer will be encountered in the medial side of the calf, in the distal third of the calf, while the arterial ulcers are usually located above the midline of the calf or around the foot. Also, considering the shape of the ulcer, in venous ulcer we will see irregular shape ulcers. Also, the wound bed is covered with fibrin and also we will see in there some granulation tissue.

In the arterial ulcers, usually we will note a round shape. The wound bed usually is covered by necrotic tissue and also they usually appear in an area where we have a bone proamination, a bone that pushes on the soft tissue and due to the very poor blood flow around, it will produce a necrosis in there.

### **And what role does compression therapy play in managing these skin complications?**

Compression therapy is a key point in managing skin complications and especially the venous leg ulcer.

So, in order to make it simple for you, we have the veins, the superficial veins of the lower limb. The veins have some valves in order to help the blood flow to get back up because we have gravitation in there. So, in chronic venous insufficiency, the venous valves, which should be like this, are like this.

And they have a leakage, they have reflux. While you use compression, the compression will push on the superficial veins, will close the venous valves and will improve the blood flow, the venous blood flow and also will reduce the venous hypertension. It's an extremely important step in order to deal with the skin complication, but once more, especially to deal with the venous ulceration.

But related with your previous question, it's very important to be sure that you deal with a venous ulcer and not with a mixed one or an arterial one. Because to use compression on an arterial ulcer or on a mixed ulcer, it's quite tricky, even dangerous.

### **And what other treatments or interventions are used alongside compression therapy?**

We have many steps in treating a venous ulcer. That means that no one is the best and we should combine all these measures. In my experience, when I'm dealing with venous leg ulcers, the first step in my approach would be a wound debridement.

A wound debridement is extremely important in order to clean the wound bed, to remove the fibrin, to remove the soft tissue that does not look so well. So, after that, we have to take into account the fact that more than 80% of the venous ulcers are infected. We have to deal with the infections.

We're talking about chronic venous disease. It's chronic. So, it's very important what you're doing next.

So, the conservative treatment, which is mainly represented by the pharmacological treatment and compression therapy, is extremely important.

So, I always recommend for my patients, as a chronic conservative treatment, to follow a pharmacological treatment and compression.

### **So, we can talk about prevention. What can we do?**

Because venous ulcers are an extremely difficult challenge for phlebologists, as I said, it's far better to prevent than to treat.

So, as a prevention, first of all, we should be very, very careful to the small signs that aware us that an ulcer may occur. For example, what we were talking about, skin changes, hyperpigmentation, hypodermatosclerosis, eczema, very, very teeny, tiny wounds, which may increase during time. So, it's very important to know them and to treat them before the ulcer occurs.

It's very important, especially in patients with risk factors in developing a venous ulcer, to use compression. It's very important to treat venous reflux in the early stages. And, of course, if you have an ulcer, we also will close, we'll treat it, we'll close it, but it's very important to talk about recurrence prevention.

**Thank you very much, Dr. Sergiu Matei.**

You're welcome. It was a great pleasure.

**For joining us on Vascular Experts Medical Talks on vascular disease and to our audience, tune in for the next episodes on the platform. Thank you again, Dr. Matei.**

It was a great pleasure. Keep in touch.