Clinical Case

Symptomatic CVD Without Varicose Veins
A 39 years old female patient, presented with symptomatic right lower limb. She noticed the symptoms 5 years ago.

**Signs and symptoms**
- Tenderness
- Local pain
  Worst at the end of the day and during standing
  Symptoms are relieved with limb elevation

She had 3 pregnancies 2005, 2011 and 2013

Symptoms started 5 years ago after the 2\textsuperscript{nd} pregnancy

She is feeling worse after her last pregnancy 3 years ago
- **Family history**
  Her mother has spider veins

- **Medical history**
  None

- **Medications**
  None

- **Surgical history**
  Minor foot surgery

- **Social**
  Alcohol occasionally
Physical examination

Both lower limbs were warm and well perfused

Distal palpable pulses

No prominent varicosities, skin changes or ulcers

Motor and sensory were intact

Feeling of swelling but not measurable difference between the lower limbs

Athletic type, moderate activity at home and work

BMI 22
No varicose veins
Revised VCSS: 3

| Pain or other discomfort (ie, aching, heaviness, fatigue, soreness, burning) |
|---------------------------------|----------------|-----------------|----------------|
| None: 0                         | Mild: 1        | Moderate: 2     | Severe: 3      |
| Occasional pain or other discomfort (ie, not restricting regular daily activity) | Daily pain or other discomfort (ie, interfering with but not preventing regular daily activities) | Daily pain or discomfort (ie, limits most regular daily activities) |

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<th>Use of compression therapy</th>
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<td>Not used</td>
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GSV reflux in the lower thigh

The GSV was not dilated.

There were no intraluminal findings to indicate previous injury or thrombosis.

No tortuous segments were found.
GSV reflux at the knee and upper calf


Long reflux duration induced by calf compression
GSV diameters in the lower thigh, knee and upper calf
GSV increase wall thickness at the area of reflux

17MHz linear frequency transducer – 0.9mm axial resolution
No varicose veins
GSV reflux
SSV and deep veins were normal
No venous obstruction

GSV reflux extended from the pre-terminal valve to upper calf. A small 1st order and a few 2nd and 3rd order tributaries had reflux.
Treatment plan

The patient has subclinical segmental disease. She may benefit from
- Elastic compression stockings

Follow-up

She should be followed-up to determine the effects of treatment.

If the patient feels better and tolerates the treatment she should continue the above management.

Treating such patients with endovenous techniques is controversial and no guidelines exist for their management.