

VENOUS LEG ULCER

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V enous disease is responsible for around 85% of all chronic lower limb ulcers in resource-rich countries. Community-based prevalence is 0.1-0.3% in adults (2-4% in the elderly). V enous leg ulcer has a disproportionate cost to society , with profound impairment in health-related quality of life for both patients and their carers; the dressings alone account for 1-3% of west ern healthcare expenditure. Furthermore, 15-30% of patients with 'venous' leg ulcers have concomitant arterial occlusive disease. This is termed a 'mixed' ulcer. T here are many other causes of leg ulcers and these must be excluded in any patient presenting with ulceration. Causes of leg ulceration include: /uni25CF venous disease: superficial incompetence, deep incompe tence or obstruction; /uni25CF arterial ischaemic ulcers; /uni25CF vasculitic ulcers; /uni25CF traumatic ulcers; /uni25CF neuropathic ulcers; /uni25CF neoplastic ulcers; /uni25CF infections, especially in low and middle income countries.

Figure 62.27 Recurrent varicose veins secondary to an incompetent thigh perforator.

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