

TERMS RELATED TO CHRONIC VENOUS INSUFFICIENCY (CVI):

TERM	DEFINITION
Atrophie Blanche	Refers to smooth, ivory-white plaques in the skin. These plaques are avascular (having few or no blood vessels), sclerotic (hardened) areas that are prone to ulcer formation due to the relative lack of oxygen and nutrient flow to the area.
Dependent Rubor	Reddish-blue discoloration of the extremities; indicative of severe peripheral arterial damage in vessels that remain dilated, as they are unable to constrict. Rubor may be observed with 20 seconds to 2 minutes after the extremity becomes dependent (lowest area, most affected by gravity). The extremity will begin to turn pale when elevated (referred to as “blanching”).
Hemosiderin Staining	Hemosiderin is a yellow-brown, granular, iron-containing pigment derived from the breakdown of hemoglobin. Hemosiderin staining, also called hemosiderosis, is a brown or rusty discoloration of the skin resulting from a buildup of hemosiderin in the interstitial fluid. Hemosiderin staining is an outcome of venous hypertension, where there is an extravasation of red blood cells into the tissues. Over time, these red blood cells (and their hemoglobin) begin to break down and hemosiderin deposits result.
Varicosities	Often called varicose veins, referring to veins in which blood has pooled and resulted in abnormally dilated, distended, tortuous, and palpable vessels. Varicosities occur most commonly in the lower extremities and saphenous veins. Varicosities may result from trauma to the saphenous vein that damages one or more valves, or by gradual venous distention related to a combination of factors. Varicosities may be considered primary (without deep vein involvement) or secondary (resulting from the obstruction of deep veins). There are several types of varicosities, categorized by size, location, and appearance. Refer to <i>Classification of Varicosities</i> table for further information.
Venous Dermatitis	Also called <i>stasis dermatitis</i> , this refers to observable skin changes associated with venous stasis, edema, varicosities, phlebitis, and vascular trauma. Erythema, edema, scaling, and weeping, most commonly noted in the lower leg, characterize venous dermatitis. Venous dermatitis is progressive. Generally, erythema and pruritis develop first, followed by scaling, petechiae, and hyperpigmentation. Progressive lesions may also be present, particularly around the ankles and tibia.

OTHER PERTINENT DEFINITIONS FOR LOWER LEG ASSESSMENTS:

TERM	DEFINITION
Autoimmune Disorder	A group of illnesses in which the immune system reacts to the normal components of the body as if they were foreign substances. The immune system abnormally reacts against self-antigens and destroys the host (self) tissue. Examples of autoimmune disorders include: Graves Disease, Addison Disease, Multiple Sclerosis, Rheumatoid Arthritis, Ulcerative Colitis, Crohn’s Disease, and Psoriasis.
Cellulitis	Inflammation of the tissues beneath the skin; the diffuse, subcutaneous inflammation of connective tissue due to the presence of an infection. Typically involves an acute onset of swelling, localized redness, and pain.
Intermittent Claudication	A muscular, cramping pain in the lower extremities that is consistently reproduced with the same degree of exercise or activity and is relieved by rest (generally 2-5 minutes of rest). The pain is caused by the inability of the arterial system to provide adequate blood flow to the tissues in the face of increased demands for oxygen and nutrients during exercise. As the tissues are forced to complete the energy cycle without the nutrients, muscle metabolites and lactic acid are produced. Pain is experienced as these metabolites aggravate nerve endings in the surrounding tissue. This demand for nutrients and production of aggravating metabolites cease when the patient is at rest.
Lipodermatosclerosis	The woody induration of the gaiter area of the calf due to the progressive deposition of fibrin in the deep dermis and fat that occurs in long-standing venous disease. This induration and fibrosis may result in the leg taking on the appearance of an inverted bottle. Lipodermatosclerosis has also been described as a bound-down appearance with atrophy, telangiectasia, and hyper or hypopigmentation.
Orthostatic Hypotension	Also called postural hypotension, this refers to a significant decrease in blood pressure (usually 10 mm Hg systolic or greater) that occurs after an upright posture is assumed. Normally, the body compensates for the gravitational change of standing with mechanisms of reflex vasoconstriction, increased heart rate, the action of the skeletal muscle pump, and the closing of venous valves. If these mechanisms are decreased or absent, orthostatic hypotension results as blood pools in the vasculature. Orthostatic hypotension is often accompanied by dizziness, blurred vision, lightheadedness, and/or syncope due to reduced blood flow to the brain.

TERM	DEFINITION
Peripheral Vascular Disease (PVD)	A group of vascular diseases characterized by reduced blood flow through peripheral blood vessels. The tissues supplied by these blood vessels may become ischemic, malnourished, and ultimately die if adequate blood flow is not restored. There are many types of peripheral vascular disease, which may be arterial, venous, or lymphatic. Many of these diseases, however, share the common symptoms of pain, skin changes, diminished pulses, and possible edema. Examples of peripheral vascular disease include: Atherosclerosis, Beurger's disease, Raynaud's disease, venous thrombosis, chronic venous insufficiency, cellulitis, and lymphedema.
Phlebitis	The inflammation of a vein, characterized by redness, warmth, pain and tenderness, and swelling along the path of the vein.
Thrombophlebitis	Refers to the presence of a clot plus inflammation in a vein. Thrombophlebitis is typically evidenced by localized pain, redness, warmth, and swelling. The individual may also experience immobility of the extremity due to discomfort and swelling.

CLASSIFICATION OF VARICOSITIES:

Varicosities are vessels that are abnormally swollen or dilated. Being that varicosities vary so greatly in size, location, and appearance, it is beneficial to have a system by which they can be further classified. Based on current research, the following classification system has been developed.

Name	Size (diameter)	Color	Location	Additional Information
Telangiectasias	1 mm or less	Red, purplish, or blue	Intradermal	<ul style="list-style-type: none"> – Localized or diffuse. Most commonly seen in the thighs, but may affect any other area of the extremity. – Telangiectasias are often seen in limbs suffering concomitantly from other types of varicose veins. – May appear as a single linear vessel, in a branching pattern, or a spider-like pattern (often called spider veins because of this fact). – Usually do not produce any additional symptoms.
Reticular Veins	4 mm or less	Varies from purplish to blue, depending on location	Intradermal	<ul style="list-style-type: none"> – Are dilated veins of the dermic plexus. – May be localized or disseminated and may be associated with other stages of varicose veins in different portions of the extremity. – May be distended above the skin surface. – These dilated vessels may itch occasionally and bleed profusely if injured, but are typically not associated with any other symptoms.
Truncular Veins	> 4 mm	Blue to Blue-Green or colourless if deeper	Subdermal	<p>Secondary to insufficiency of:</p> <ul style="list-style-type: none"> – Great saphenous vein and tributaries – Small saphenous vein and tributaries – Perforating veins – Other venous systems including the gastrocnemius, soleal, or pelvic <p>May or may not be visible, but are generally palpable.</p>

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