

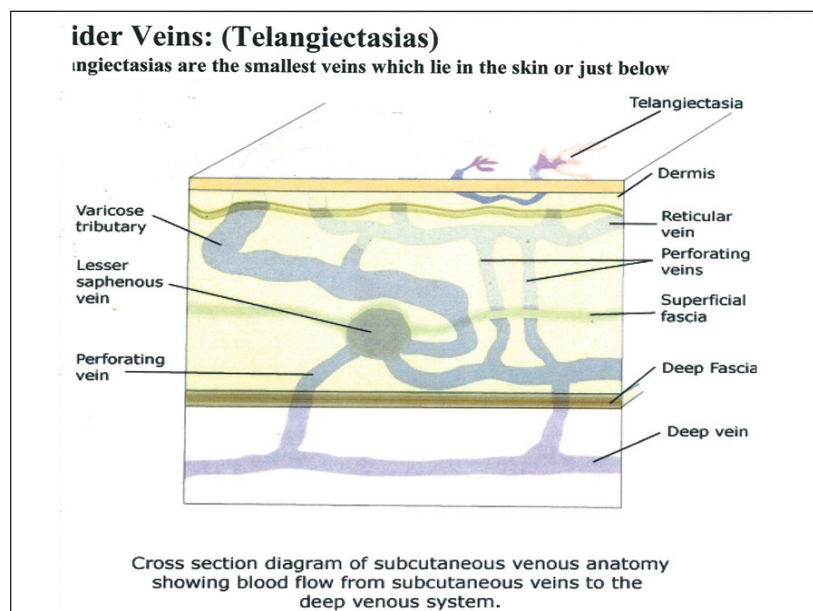
BEST PRACTICE:

Vascular Vein Centers

Spider Veins - Cosmetic Blemishes or Indications of More Significant Problems



Corona Phlebectatica / insert pic: Bleeding Spider



"Vein of Albanese"

Spider Veins (telangiectasias) are the most superficial of veins. They measure .1-1 mm and are red. Their counterparts which also lie on the skin surface are venulectasias which are violaceous(cyanotic) and measure 1-2 mm. These venous tributaries do not have valves and are very vulnerable to the forces of gravity. Women for hormonal (progesterone) reasons and because of pregnancy have a much higher incidence of these surface veins than men. They are typically viewed by physicians and insurance companies as a cosmetic problem. To patients who have these "blemishes" they frequently cause burning, itching, throbbing, cramping, and even restless leg syndrome. Very frequently their significance is not understood by the medical community and unfortunately many of those providing therapy don't appreciate the potential extent of the problem. These patterns are frequently the "tip of the iceberg". Usually the telangiectasias and venulectasias are fed by reticular veins- the small blue veins which can be seen through the skin and measure 2-4 mm. As can be seen in a diagram:

Varicose veins and even deep veins can also feed these patterns. Prior to treatment, which usually consists of sclerotherapy or laser therapy, the extent of a patient's symptoms should be carefully evaluated. If not, unsatisfactory or short lived results will follow. A venous duplex evaluation for insufficiency should be performed with compression maneuvers while the patient is standing. These patterns can be caused by varicose veins that may not be evident on a physical exam; deep veins, perforator veins or engorged reticular veins. The engorged reticular veins may be evident on ultrasound but are usually best seen with an intense source of circular light placed on the skin. This will frequently show the reticular veins feeding a spider pattern. The

physician must also appreciate where spider patterns are located. One of the most common patterns is seen on the lateral aspect of the distal thigh. The pattern consists of arcuate telangiectasias and venulectasias that are referred to as the lateral subcutaneous venous system of Albanese which originates from the deep system through a perforator to a reticular vein or from the short saphenous vein. These patterns can burn and ache. If the source isn't treated they will not resolve.

Spider patterns on the medical aspect of the distal thigh frequently originate from the great saphenous vein. Patterns on the posterior thigh and calf can come from the small saphenous vein or if near the popliteal fossa, the popliteal vein.

Spider veins around the ankle and upper foot are referred to as "corona phlebectatica", and are a strong clinical prediction of future skin problems, even ulceration. They can even bleed.

So, these unsightly blemishes, usually seen as a cosmetic issue often are indicators of significant venous problems that can adversely affect leg health.

Dr. Samuel P. Martin one of the leaders in venous diagnosis and treatment. Since their inception, the Vascular Vein Centers have served the Central Florida community as a recognized, educated resource with more than 25 years experience treating venous disease.

