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**PHENOTYPIC SIGNS OF SYNDROME OF CONNECTIVE TISSUE
DYSPLASIA IN YOUNG PATIENTS WITH VARICOSE VEINS OF THE
LEGS: FREQUENCY AND PROGNOSTIC VALUE**
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Introduction. The undifferentiated connective-tissue dysplasia syndromes (UCTDS) attracts the attention of physicians of various specialties - rheumatologists, therapists, orthopedists, traumatologists and vascular surgeons. Varicose veins of the legs (VVL) refers to frequent vascular pathology. It is often detected in young people without traditional risk factors (overweight, pregnancy, prolonged orthostasis etc.). However, many of these people have the UCTDS signs. Disturbances in the metabolism of collagen and elastin in individuals with UCTDS can cause changes in the mechanical properties of the vascular wall and venous valves.

The purpose of research. To investigate:

- the frequency of UCTDS and phenotypic signs of connective tissue dysplasia in young patients with VVL.
- the frequency of phenotypic signs of connective tissue dysplasia in young patients with VVL.
- the prognostic value of phenotypic signs of connective tissue dysplasia

Materials and methods. 34 patients (21 women) with varicose veins of the lower extremities were examined. The mean age of the patients was 25 ± 3.12 years. Clinical examination, anthropometric measurements and echocardiography were performed for all patients. UCTDS was diagnosed on Brighton criteria, 1998.

Results. The UCTS was diagnosed in 26 (76.5%) patients. A further study was conducted in the group of patients with established diagnosis of UCTDS (26 patients). Signs of autonomic dysfunction of the nervous system were detected in 100% of patients. Hypotonic type of autonomic dysfunction was most frequent - 13 of 26 patients, hypertensive type of autonomic dysfunction was established in 4 patients. A positive "thumb test" (independent thumb fixation across the palm exist and the nail phalanx of the thumb goes beyond the ulnar edge of the palm) was the most frequent (21 patients - 80.8% of cases) phenotypic symptom in patients with UCDTS and VVL. A positive wrist test (Walker-Murdoch test) was detected in 12 (46.1%) patients. Hypermobility of the elbow joints was observed in 13 (50%) patients, hypermobility of the knee joints - in 5 (19.2%) patients. Scoliosis was diagnosed in 10 (38.5%) patients, flat feet - in 8 (30.8%) patients, varus or valgus deformity of the legs - in 8 (30.8%) patients, chest deformity - in 5 (19, 2% of patients). By echocardiography examination, small heart abnormalities (prolapse of the mitral valve, additional chords in the left ventricular cavity, ectopic chord

fixation) were detected in 10 (38.5%) patients. Each of the patients with UCTDS and VVL had five or more phenotypic signs of connective tissue dysplasia.

Conclusions. In young patients with VVL, varicose veins are associated with the SSTD. A genetic defect in the formation of connective tissue can cause a disruption in the structure of the vein wall and its valvular apparatus. The presence of five or more phenotypic signs of connective tissue dysplasia can be a negative prognostic factor for the beginning of varicose veins of the legs.