


F. Vazquez  
Internal Medicine Research Unit, Internal Medicine Department, Hospital Italiano de Buenos Aires, Buenos Aires, Argentina

E. Gandara*  
Thrombosis Program, Division of Hematology, Department of Medicine, University of Ottawa, Ottawa Hospital, 501 Smyth Road, Ottawa, K1H 8L6, Canada

*Corresponding author.  
Email-address: egandara@ohri.ca (E. Gandara)

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Re: ‘Association of Venous Disorders with Leg Symptoms: Results from the Bonn Vein Study 1’

In their well defined population based cross sectional study, Wrona et al. have evaluated the association between chronic venous disorders like varicose veins and chronic venous insufficiency, and leg symptoms. Symptoms such as tightness, feeling of heaviness, swelling, itching, and pain after standing or sitting have been found to be associated with varicose veins and chronic venous insufficiency. However, muscle cramps and pain during walking have been found to be associated with varicose veins but not with chronic venous insufficiency. Restless legs and muscle cramps are not, or less associated, with varicose veins, chronic venous insufficiency, or C class. Finally, they have concluded that restless legs and muscle cramps should no longer be considered as “venous leg symptoms”.

Assessment of venous symptoms and making a differential diagnosis in patients suffering from a variety of symptoms is a big challenge in daily clinical practice. In accordance with Wrona et al., the general agreement is that these symptoms themselves show poor sensitivity and specificity for venous insufficiency but are ordinarily recognized as symptoms of a functional disorder.

Several factors might play role in the diagnostic inefficacy of venous symptoms. Firstly, studies have mostly focused on either the prevalence of varicose veins or duplex scanning in assessing venous insufficiency irrespective of symptoms. Secondly, a high coexistence rate of co-morbid disease, such as peripheral artery disease, arthrosis, and obesity, makes the assessment of lower limb symptoms more complex. Diabetes mellitus, which has never been mentioned in the literature, is likely to play a role as an underlying cause in the pathogenesis of aching legs, burning sensation, swelling, or itching. Likewise neither population based nor symptom oriented studies have ever included patients’ medication in their analysis. Someone would expect to see the positive or the negative influence of drugs received such as diuretics, calcium antagonists, oral anti-diabetic medications, and painkillers on venous symptoms.

In this regard, it is too early to state that muscle cramps, and restless legs should no longer be considered as venous leg symptoms. Instead of evaluating each symptom individually, a comprehensive scoring system is needed for assessing or combining symptoms as a whole.

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E. Yetkin*  
Middle East Hospital Division of Cardiology, Mersin, Turkey

*Middle East Hospital Division of Cardiology, Mezitli, Mersin, 33100, Turkey.  
Email-addresses: ertanyetkin@hotmail.com  
ertanyetkin@vasmolcardiol.org

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