VENOUS ULCER. RESULTS OF AMBULATORY TREATMENT ON 874 PATIENTS.

Enrique G. Bertranou, Sergio Gonorazky, Andrés Otero

Aceptado en el “15th Annual Congress of the American College of Phlebology” (2001)

Introduction: The prevalence of venous ulcer in the population over 65 years of age is 4%. As the result of this data 934,000 persons in the USA and 128,000 in Argentine are affected by this disabling pathology.

Objective: The purpose of the study is to present the results of a 10-year-experience in ambulatory treatment of venous ulcers on 874 patients.

Patients and Methods: One CV surgeon and two trained nurses working 18 hours/weekly in a Ulcer Clinic are the base of the program. Inclusion criteria: venous ulcer, ambulatory patient, no peripheral artery disease clinically detectable, all location, all ulcer area and all ulcer «age». Patients: 578 women (mean age 68.5±10) and 296 men (mean age 66.1±13). Ulcer area in cm² 6.3 (median) 3.1–18.8 (interquartile range). Ulcer «age» (period of time in months between commencement of ulcer and attendance to the Ulcer Clinic): 3 months (median), 1-10 (interquartile range). Treatment: patient education, anti-stasis postures, exercise (walking 20-30 blocks/day), hyposodic diet, a single daily dressing: neutral soap lavage, silver sulfadiazine + lidocaine (“Platsul A”®) ointment dressing, high compression elastic bandage (50 to 60 mm Hg at the ankle level and 20 mm Hg below the knee). Once the patient and/or family are well trained in ulcer dressing the visits to the Ulcer Clinic are every 2 weeks up to complete healing. Prevention of recurrence: compression bandage or stockings and periodical visits (every 4 months) to the Phlebology Clinic. No surgical treatment was performed before ulcer healing.

Results: Actuarial analysis (Kaplan and Meier): Cumulative ulcer healing: 4th month 65.1%; 5th month 70.5%; 6th month 76.4%; 7th month 80%. Multivariate analysis (Cox and Snell): Risk factors for delayed healing: a) ulcer area (p=0.0001), b) ulcer “age” (p=0.004) and c) overweight (p=0.02) . Other variables (patient’s age, sex and diabetes) were irrelevant. Recurrence prevalence for the first 707 patients: 13.9%. Cost of 6 month treatment (76.4% healed ulcers): U$S 656.

Conclusions: 1) Ambulatory treatment showed patient and family acceptance and satisfaction; 2) Ulcer healing rate is high; 3) Recurrence rate is low; 4) The number of outpatient visit and the cost of treatment are low; 5) Ulcer area, ulcer «age» and overweight are significant risk factor to delayed ulcer healing; 6) Actuarial analysis and Cox multivariate analysis are specific and adequate techniques to evaluate and compare treatments.