

## **MANAGEMENT OF CVI PREGNANT PATIENTS.**

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Chronic venous insufficiency (CVI) includes varicose veins, postthrombotic disease and venous malformations and complicates pregnancy in 12-55%. CVI symptoms rate and severity increase during pregnancy leading to physical discomfort and worsening choice of delivery way. Also, it increases the risk of thromboembolic complications during pregnancy in 10 times.

Objective was to rule out optimal management of pregnant patients with CVI.

Material and methods. 400 pregnant patients suffering from CVI (Clinical classes 1-4) were examined prospectively for a period 2000-2003 years. All patients were divided into 5 groups: 4 groups depending on treatment strategy and control group without any pathogenic treatment. All patients were followed up during pregnancy and delivery. Besides standard clinical examination ultrasound study of lower extremities; venous system, evaluation by CEAP scale and blood clotting study were done for all the patients. Thrombophilic mutations were evaluated in the blood of control patients.

Results. We have found that both physiological pregnancy and pregnancy complicated by CVI are characterized by venous dilation of lower extremities which is more expressed in CVI patients. CVI during pregnancy is usually developed on the background of hereditary predisposition, in primi- and multipara. Pregnancy is often complicated by early toxicosis, gestosis, chronic intrauterine hypoxia. 68,5% of MTHFR gene polymorphism noted in pregnant patients with CVI could explain high rate of hereditary predisposition.

Significant increase of coagulability and decrease of anticoagulation often seen in CVI pregnant women predispose to higher thromboembolic complications risk which is equal to 10% (compared to 0,1% in uncomplicated pregnancy). Low weight heparin should be given in CVI of IV clinical class and higher for prophylaxis purposes.

Conclusion. Complex CVI treatment (compression hosiery, local therapy and medications) is the most effective in pregnancy allowed 10fold decrease of thrombotic risk and improve quality of life of these patients.

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