Introduction

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Varicose veins are among the most widespread and ancient diseases of the world. Ancient Egyptian hieroglyphics, Aztec illustrations and Greek bas-reliefs report this disease in ordinary people through its various stages of evolution, from tortuous venous dilation to oedema and trophic lesions. It is a disease which has been treated over time with ever more sophisticated techniques all aimed at a single result: the elimination of 'escape routes'. From the haemodynamic point of view, reflux means STASIS. Venous stasis, due to descendent reflux, activates a process between the macro- and microcirculation. What is the haemodynamic effect of stasis on large and medium veins? According to Bernoulli's law, it induces a higher dilatative pressure on the vessel wall, and consequently a lower flow velocity which increases the stasis and the lateral dilatative pressure. Therefore, this phenomenon creates a self-perpetuating reaction that progressively enlarges the lumen.

From the haemorheological point of view, stasis induces leucocyte adhesion to the wall with consequent leucocyte activation and alteration of the endothelial barrier to promote local thrombophilia.

Therefore, the first aim of the therapy of varicose veins is to block these chain reactions, from the dilation of the venous lumen to the deceleration of capillary blood flow, equilibrating the interstitial tissue pressure determined by the micro-lymphatic drainage. Several alterations to capillary outflow and inflow, consequent to venous stasis, may increase the relative microhaematocrit and restore a balance: (a) variation of arteriolar vasomotion, with a capillary microhaemoconcentration, that makes inflow easier and reduces oedema; (b) increasing lymphatic drainage, and (c) normalization of interstitial pressure. I believe that therapeutic innovations come from studying the effects of large-vein hypertension on the microcirculation. We could say that, though the therapy is ancient, knowledge of the pathogenesis is relatively recent.

In the past, as today, varicose disease has always been categorised as a minor affliction despite its dissemination and the heavy social burden created through the ensuing chronic disability. Is this low profile due to underestimation or a lack of cultural interest?

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