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Phlebology: An Essential Part of Dermatology

Dermatology is dedicated to the study and the treatment of all disorders of the skin, its appendices and of the bordering mucosae. Telangiectasia and varicose veins are directly in relation with the skin. Venous insufficiency undeniably corresponds to this description and should arouse the interest of dermatologists.

Historically, dermatologists were quite involved in phlebology and made a handsome contribution to its development. Progressively however, the skin specialists' interest in venous disorders faded, with some brilliant exceptions, in particular in German-speaking countries. For many reasons, dermatologists should yet rediscover the interest in phlebology.

Dermatologists are the best position to differentiate Kaposi, pseudo-Kaposi sarcoma, dermatofibrosclerosis, acrodermatitis atrophicans and vasculitis, leg ulcers and exulcerated tumors, phlebitis, lymphedema and lipedema. These conditions are regularly misdiagnosed by other physicians.

Complications of venous insufficiency are mostly cutaneous. Patients suffering from superficial phlebitis, gravitational dermatitis, lipodermatosclerosis, atrophie blanche or venous ulcers naturally tend to search advice from skin specialists, unless their reputation in these fields is too poor and suffering from the angiologist's competition.

Dermatologists cannot just decide to deal with venous disorders and their treatment without a thorough scientific and clinical training. They have to be fully aware of all diagnostic and therapeutic procedures in phlebology. It is no longer admissible to take care of leg ulcers without a complete angiological examination, or ignoring all new medical and surgical treatment modalities of chronic wounds. Even in recent publications, some dermatologists demonstrate poor knowledge of chronic venous insufficiency in establishing statistics on ulcer healing, without a minimal angiological assessment and any attempt at an etiological classification of the patients. Such papers have almost no value. They result in a bad impression of the dermatologists' ca-

pacities and may induce health economists to dictate inappropriate therapeutic modalities or healing delays.

Dermatologists demonstrated yet their skill in many aspects of phlebology. Several textbooks devoted to venous disorders have been written by dermatologists. Major epidemiological studies have been performed by dermatologists, too. Some of them also finalized new investigational devices, such as photoplethysmography. Ambulatory phlebectomy was created by a Swiss dermatologist, Robert Muller. Its further development was greatly enhanced by several skin specialists. Compression therapy and sclerotherapy were largely developed by Austrian and German dermatologists. Wound healing and new ulcer dressings benefit from the skill and experience of skin specialists. Endoscopic removal of perforators, paratibial fasciotomy and ulcer excision were initiated by surgeons, but some leaders of these technique are dermatologists. The same is true for laser therapy and phototherapy, although these treatments are presently of limited value in treating telangiectases and varicosities.

Until now, little basic research has been devoted to venous disorders. Most studies have been undertaken by practitioners. Their enormous efforts and appreciable results have to be acknowledged. However, searchers should develop their skill in this field of major importance, in which innumerable discoveries are to be expected.

Venous disorders have a major impact on health economics [1–3]. Treatment of leg ulcers alone represents 2% of most European health budgets, as demonstrate the following amounts, calculated in 1991. In the UK, the cost of leg ulcers went up to £ 230–440 million [1, 3]. In West Germany, leg ulcers caused >2 million sick leave and >1.2 million hospitalization days, for a cost of 2–3 milliards DM [4]. Charges consecutive to varicose veins, their complications or phlebitis are gigantic, too. In France, venous disorders amounted to 14.7 milliards FF, i.e. 2.6% of all health invoices in 1991 [5]. Isn't it really a major health concern?

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Curiously however, very few people are interested in treating and teaching venous insufficiency. This is also a good reason for dermatologists to contribute to the development of a modern and effective multidisciplinary phlebology, in cooperation with angiologists and surgeons.

Physicians are more and more numerous all around the world. Underemployed doctors tend to undertake any med-

ical activity to earn their living, even if they are incompetent in this matter. Many of them take an interest in phlebology, but without any specific training. Patients need well-prepared specialists. Dermatologists may need patients. As skin specialists are now quite numerous, we have to develop phlebology in the interest of our patients and of our colleagues in training.

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