

# Clinical Practice Summary

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## Summary

**Chronic Venous Ulcers (CVUs)** are a type of chronic skin ulcer caused by **venous insufficiency**, lasting more than 6 weeks, and commonly located near the **medial malleolus**. The pathophysiology involves **venous hypertension** due to valve incompetence or obstruction, leading to **venous stasis** and fibrin cuff formation, which causes **inflammation** and **tissue hypoxia**, resulting in ulceration. Risk factors include **chronic venous insufficiency**, **deep vein thrombosis**, **varicose veins**, **obesity**, and **prolonged standing**. The ulcers present as **irregular, shallow wounds** with yellow slough and granulation, accompanied by **hemosiderin deposition** and **lipodermatosclerosis**. Pain is typically **mild to moderate** and worsens with standing but improves with leg elevation. Diagnosis includes **clinical examination**, the **Ankle-Brachial Index**, and **duplex ultrasound**. Management involves **conservative treatments** like **compression therapy**, **wound care**, and **skin care**, while **medical treatments** include **pentoxifylline** and **antibiotics** for infections. **Surgical options** like endovenous ablation or **skin grafting** may be considered for advanced cases. The **prognosis** suggests that healing may take 3–6 months, with a 70% recurrence rate in 5 years without proper compression therapy. Preventive measures include **compression stockings** and **regular exercise**.

**Chronic Obstructive Pulmonary Disease (COPD)** is a **progressive inflammatory lung condition** primarily caused by long-term exposure to **harmful substances** like cigarette smoke. It includes two main conditions: **chronic bronchitis** (characterized by **inflammation and excessive mucus**) and **emphysema** (where the **alveoli are destroyed**). Symptoms such as **persistent cough**, **shortness of breath**, and **wheezing** are common, and risk factors include **smoking**, **secondhand smoke**, **pollution**, and **genetic predispositions**. Diagnosis is made using **spirometry**, **imaging tests**, and **blood tests**. Management includes **lifestyle changes** like quitting smoking, **medications** such as **bronchodilators** and **corticosteroids**, and **surgical options** like **lung volume reduction surgery**. Vaccines for **flu and pneumonia** are also recommended. Although COPD is **incurable**, **early diagnosis** and

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treatment can improve quality of life and slow its progression.

Inguinal hernia involves the protrusion of abdominal contents near the inguinal canal, more common in males. It may be indirect (congenital, via the deep ring) or direct (acquired, through Hesselbach's triangle). Risk factors include congenital weakness, heavy lifting, chronic cough, and obesity. Symptoms range from a groin bulge and discomfort to activity-related swelling. Major concerns are incarceration (non-reducible hernia) and strangulation (compromised blood supply), requiring urgent surgery. Diagnosis is largely clinical, with imaging if needed. Management options include observation for mild cases and surgical repair—either open or laparoscopic—especially for symptomatic or complicated hernias.

Lipomas are common benign tumors composed of fatty tissue, often found on the upper arms, thighs, or torso. They are typically soft, slow-growing, and painless. Though the exact cause is unclear, contributing factors include genetics, age, trauma, and syndromes like Gardner's Syndrome. Diagnosis is primarily clinical, with imaging or biopsy used to rule out malignancy. Treatment may not be needed unless the lipoma causes discomfort, grows, or poses cosmetic concerns. Options include surgical excision, liposuction, or steroid injections. Seek medical care if the lipoma becomes painful, enlarges quickly, or shows signs of infection.