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**CHRONIC VENOUS DEFICIENCY IN WOMEN. PROFILACTIC AND TREATMENT METHODS**

Chronic venous insufficiency (CVI) is one of the most ancient and common pathologies of the human vascular system. The main cause of which is the disruption of the normal functioning of the venous valves. The prevalence of Lower-limb varicose veins (VVs) ranges from 10 to 30% worldwide. At the same time, the prevalence of the disease among women ranges from 1 to 73% and in 85% of cases it occurs during pregnancy. Among men, VVs are registered 4 times less frequently. However, the results of recent epidemiological studies show that this figure is underestimated. This may be due to the fact that men attach less importance to the external manifestations of the disease, therefore they less likely to seek medical help than women. The number of people with venous diseases is increasing annually by 2.5%. Only blacks practically do not have VVs that confirms the genetic nature of this pathology.

In the pathogenesis of CVI a significant role belongs to risk factors, among which are those that contribute to the development of the disease (belonging to the female sex, increasing age, family history of venous diseases, weakness of the venous wall, congenital underdevelopment of valves, pregnancy, constipation) and those that implement it (lifestyle, use of contraceptives, pressure clothing, tight shoes, high heel). The interaction between these factors helps to reduce the tone of the venous wall, which leads to venous stasis, which initiates a cascade of pathological changes at the molecular, cellular and tissue levels. As a result conditions that increase thrombus formation are formed.

All patients need correction of modified risk factors for the disease regardless of the presence and severity of CVI. Conservative treatment methods depend on the degree of CVI and include elastic compression (prophylactic or therapeutic knitwear), pharmacotherapy, which includes phlebotropic drugs with a wide range of pharmacological effects, as well as physical therapy and sanatorium-resort treatment. If conservative therapy is ineffective, sclerotherapy or surgical treatment is used.

**References**

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