



TOPOGRAPHIC ANATOMICAL FEATURES OF THE PERFORANT VEINS OF THE FOOT

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To clarify the topographic and anatomical features of the PV of the foot.

ABSTRACT

Most educational and methodological literature contains a description of only the superficial and deep veins of the foot, the topographic anatomy of the perforated veins (PV) of the foot is not described, at the same time it is the foot that is the most striking indicator of the manifestation of chronic venous insufficiency, in addition, the venous system of the foot is a frequent object for sclerotherapy and phlebectomy. Therefore, without a clear understanding of the anatomy of the PV of the foot, it is hardly possible to safely perform interventions on the foot.

Material and methods: The material for the study was 50 lower limbs, without signs of chronic venous diseases. **Research methods:** anatomical dissection.

Results: From 4 to 6 perforants were found on the medial surface of the foot. They connected the medial marginal vein and the vv. plantaris medialis directly. They are located along the medial intermuscular septum. From 2 to 3 perforant veins were found on the lateral surface of the foot. They formed a large venous stem, which directly passed into a small subcutaneous vein. Interestingly, the data of classical anatomy suggest that the small subcutaneous vein is formed as a continuation of the lateral marginal vein. In the course of this study, the lateral marginal vein in the area of the lateral ankle in a third of cases had a loose type of structure, and flowed into the trunk of the small subcutaneous vein, which was a continuation of the PV of the lateral surface of the foot. Topographically, the perforant veins pass behind the muscles of the lateral group of the foot, along the lateral intermuscular septum were connected to the vv. plantaris lateralis. In the PV of the medial and lateral surfaces of the foot, lateral tributaries were identified: some of which independently drained the integumentary tissues of the lateral surfaces 26 of the foot, and some anastomosed with the superficial venous plantar network. This makes it possible to characterize them not only as anastomoses connecting the subcutaneous dorsal venous network deep veins of the foot – the superficial plantar network, but also as independently draining vessels. But the tributaries of the PV of the lateral surface of the foot were very weakly expressed. In most cases, an artery and a nerve branch originating from a. plantaris med. et lat. and n.plantaris could be isolated next to the PV. In chronic venous diseases, it is these PV that become the anatomical basis for the formation of corona phlebectatica. Interestingly, the very first PV, flowing into the vv. plantaris lateralis, is

located at the level of the calcaneal canal (on the medial surface of the foot) and drains the subcutaneous tissue of the calcaneal region. References in the literature about this PV could not be found. From the medial surface of the medial marginal vein, at the level of the base of the ankles, 2 permanent PV, piercing the fascia of the foot, go along the back surface of the foot under the tendon of the anterior tibial muscle, and the long flexor of the first toe and connect with the vv. dorsalis pedis. These PV pass blood only towards the deep veins. In addition, on the back surface of the foot, a permanent PV connecting the arc of the superficial venous network and vv. dorsalis pedis can be distinguished at the level of the proximal end of the first interosseous space. The remaining PVS of the rear of the foot had no permanent localization, were found in an amount from 1 to 3 and connected the superficial dorsal venous network with the vv.dorsalis pedis and their tributaries.

Conclusions: 1) The perforant veins of the medial and lateral surfaces of the foot are – are vessels independently draining a certain area of the integumentary tissues and the anatomical basis for the formation of corona phlebectatica. 2) The perforant veins of the foot are part of the vascular nerve bundle (venaarteria nerve)

