An Osteopathic Approach to Stasis Dermatitis and Chronic Venous Insufficiency

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Stasis dermatitis is an inflammatory skin condition that develops secondary to chronic venous insufficiency and edema. Early symptoms include local erythema and scaling, whereas later symptoms may include skin discoloration, worsening edema, and skin ulceration. Risk factors for chronic venous insufficiency include age, family history of venous disease, female sex, occupations with a large amount of time spent standing, pregnancy, obesity, and history of deep venous thrombosis. Chronic diseases such as heart failure or hypertension may worsen chronic venous insufficiency.

Management of chronic venous insufficiency involves reduction of edema through leg elevation, exercise, weight reduction, compression stockings, medications, or vein surgery. Adjuvant treatment with osteopathic manipulative treatment may help remove somatic dysfunction that may be impeding lymphatic and venous flow. Additionally, a growing body of literature has demonstrated increased lymphatic flow and improved immune function after various lymphatic techniques.

Lymphatic treatment should begin by addressing somatic dysfunction around common body regions that may impede flow, such as the thoracic inlet (the terminal lymphatic drainage point), and work from proximal to distal lymphatic structures. Treatment of the patient’s thoracic diaphragm may also be helpful, as its motion induces positive and negative pressures in the abdomen to propel lymph and venous blood. For lower extremity structures, treatment of the patient’s pelvic diaphragm may be useful.

With more proximal restrictions to fluid flow removed, the physician can focus on improving venous and lymphatic motion in the lower extremity and thigh, which can be achieved using the balanced ligamentous tension technique of the hip (video).

Both the deep venous and lymphatic circulations of the leg pass through the popliteal fossa in the posterior knee, and the popliteal fossa release may improve circulation in this region (video).

Contraindications and cautions for these techniques may include necrotizing fasciitis, treatment directly over areas of infection, chronic systemic infection, fractures near the treatment site, history of hip replacement, current cancer diagnosis, uncontrolled cardiac failure, septic conditions, or risk of deep vein thrombosis or other hypercoagulable state. Once impediments to lymphatic flow are removed, further treatment may be addressed via lymphatic pumps to aid in venous and lymphatic movement.

Alleviation of somatic dysfunction allows for fewer impediments at crucial myofascial transition zones, allowing active pumping and effleurage techniques to propel fluid motion forward. The use of OMT in patients with chronic venous insufficiency and stasis dermatitis may facilitate improved lymphatic and venous flow, leading to decreased edema, pain, and other symptoms.

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References


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