**DILATING VENOUS DISEASE: PATHOPHYSIOLOGY AND A SYSTEMATIC ASPECT TO DIFFERENT VASCULAR TERRITORIES**

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Venous disease is a common but overlooked problem and is an important mortality and morbidity factor depending on the effected vascular territory.  Both in literature and clinical practise the term chronic venous insufficiency describes a condition that affects the venous system of the lower extremities with venous hypertension and dilatation. Since varicocele or pelvic congestion syndrome is an example of chronic venous insufficiency theoretically, it is preferable to use “Dilating Venous Disease” as a general term and peripheral varicose vein or peripheral venous insufficiency, instead of chronic venous insufficiency.  Vascular dilatations show a diverse clinical spectrum as in obstructive counterpart depending on the regional circulation with different clinical manifestations, and different prevalence. Coronary artery ecatsia, intracranial aneurysms, aortic aneurysms and popliteal artery aneurysms are the main vascular dilatations contributing the arterial side of vascular system, throughout the body. However clinical manifestation of dilating venous disease usually occurs in the lower part of the body, in another word, lower part of the circulatory system regarding the heart in the center. Peripheral varices of lower extremites, hemorrhoids, varicoceles, pelvic varicose veins are the vasculapathy of veins running toward heart but against gravity.. Varicose remodelling of veins occure by a compex interplay of various factors including both physical forces and extracellular matrix remodelling mechanisms.