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INVITED COMMENTARY

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Dr Gent and colleagues are to be commended for performing the first prospective, randomized study involving subfascial endoscopic perforator surgery (SEPS). Unfortunately, this study cannot resolve the controversy regarding whether SEPS is beneficial. In this article, SEPS was frequently not a stand-alone surgery, but was combined with superficial surgery in 51 of 91 limbs, and 40 of 91 limbs had had previous superficial vein surgery performed. Only 11 patients had isolated perforator vein incompetence. Thus, this study, as pointed out in the title, is really a comparison between nonsurgical and surgical treatment. A few previous articles have indicated that venous surgery shortens the time to heal and decreases the recurrence rate of ulcerated limbs. This study found, disappointingly, no statistical differences in the healing rate, ulcer recurrence rate, or ulcer-free period. Thus, surgery was not beneficial for this group of patients. By stratifying the material, the results indicate that a subgroup with medial and/or recurrent ulcers would perhaps benefit from surgery. Perhaps a multivariate Cox model test would have shed further light on different parameters.

As secondary end points, the healing rate and the ulcer recurrence–free rate analyzed ad modum Kaplan-Meier were used. These are appropriate methods according to the reporting standards. To use the "ulcer-free" period is questionable. It includes time to heal and time to ulcer recurrence, but it is also much dependent on the length of observation and on deaths among the patients.

From serial studies of ulcerated limbs treated by SEPS, we know that ulcer recurrence is lower in limbs with primary reflux as compared with those with postthrombotic disease. It is a pity that this material is not described by the CEAP classification, which would better inform the reader of the composition of the patient material. We know that deep vein reflux was present in about half of each group, but was it segmental or axial, primary or secondary? A history of deep vein thrombosis was found in one third of patients, but how many had findings supporting postthrombotic changes? Many in the surgically treated group had had previous surgery. Had limbs randomized to conservative treatment had any previous interventions? Perhaps there were significant discrepancies in some of these aspects, and this may help explain the lack of difference in outcome. There is no information of the status of the perforators before and after SEPS, and this supports that the procedure was not adequately performed.

Thus, the controversy continues regarding the importance of perforators and their treatment. SEPS has presently largely been replaced by ultrasound-guided sclerotherapy and laser or radiofrequency ablation of the perforators and is mostly used only as a last resort. This article suggests that limbs with medial and/or recurrent ulcer with no superficial reflux (previously operated on or not) may benefit from SEPS, and these limbs may be the objective of a future prospective study.