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Re. 'Great Saphenous Vein Diameter at the Saphenofemoral Junction and Proximal Thigh as Parameters of Venous Disease Class'

With interest we read the paper by Mendoza et al.¹ The authors propose a conversion factor, which uses measurements of the great saphenous vein (GSV) at proximal thigh (PT) level to estimate dimensions at the level of the saphenofemoral junction (SFJ) and vice versa. This conversion would then allow to recalculate dimensions of different studies that only reported one of the dimensions of interest (GSV or SFJ). We would like to comment on this conclusion.

In a previous study, we measured diameters at both levels: at the PT the GSV diameter was 6.2 ± 1.7 mm; at the SFJ (measured exactly at the junction) the diameter was 7.5 ± 2.0 mm.² If we apply the proposed conversion factor to our SFJ measurements, the estimated GSV diameter is 4.2 ± 1.1 mm, which is significantly different from the diameter we actually measured ($p < .001$). Vice versa, the estimated SFJ diameter is 11.2 ± 2.8 ($p < 0.001$).

The main problem is the variable anatomical configuration of the SFJ, which makes it more difficult to standardize diameter measurements. If measured "distal to the terminal valve"¹ the diameter will usually be larger than when measured exactly at the junction.² We would recommend, therefore, that PT (or mid-thigh) diameter is measured in transverse view at a site where the GSV has no focal dilation and is still refluxing.³ This will allow more accurate comparisons between studies.

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Re. "Great Saphenous Vein Diameter at the Saphenofemoral Junction and Proximal Thigh as Parameters of Venous Disease Class"

I greatly acknowledge your information which strengthens the significance of our concepts.

The high number of possibilities to measure the diameter in the groin and the high variability of its shape explains our different results. Our study refers to a measurement about 2–3 cm distal of the saphenofemoral junction (SFJ), as proposed in the UIP Consensus Document of 2006.¹ The calculated conversion factor was applied only to those series measuring at the same point as us; we included only them in our literature list. Obviously the use of the conversion factor is limited to those series using the same measurement point.

Measuring at a different place, for example at the SFJ, as in your publication, shows once more the high variability of results at the different possible measurement points in the groin. As you pointed out, the optimal solution would be to measure the diameter of the great saphenous vein at the proximal thigh instead.

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