CORRESPONDENCE

Re: ‘Catheter-directed Foam Sclerotherapy of Great Saphenous Veins in Combination with Pre-treatment Reduction of the Diameter Employing the Principals of Perivenous Tumescent Local Anesthesia’

We read with interest the article by Devereux et al.1 The authors report no benefit in terms of venous occlusion using peri-saphenous ultrasound guided tumescence infiltration (UGTI) in addition to long catheter foam sclerotherapy (LCFS) of great saphenous veins (GSV).

The positive role of tumescence in foam sclerotherapy, to decrease vein size, blood content, and inflow in the target vein, has been highlighted previously.2,3 At the 2012 EVF meeting, we presented a prospective comparative study, which demonstrated better outcomes when UGTI was added to LCFS of the GSV4 (82.4% occlusion rate after 14 months vs. 71% in patients treated without UGTI).

Firstly, the authors acknowledge adrenaline was not included in the tumescent solution (because of legal issues). In our experience with UGTI, adding a vasoconstricting agent increases and prolongs GSV calibre reduction, and this may explain our own better outcomes.

Furthermore, the statistical value of the study is possibly biased by the quite small number of patients and by the five patients (20%) and two patients (8%) not available for 12-month follow-up in the non-UGTI/UGTI groups, respectively.

We acknowledge that the positive effect of adding tumescence to foam sclerotherapy has to be validated through future studies on larger cohorts.

REFERENCES


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Response to Letter to the Editor re “Catheter-directed Foam Sclerotherapy of Great Saphenous Veins in Combination with Pre-treatment Reduction of the Diameter Employing the Principals of Perivenous Tumescent Local Anesthesia”

Thank you very much for your letter that highlights the positive effect of adding tumescence to foam sclerotherapy.

When we designed the study as a prospective randomized controlled pilot trial employing the use of drugs (polidocanol) we had to announce the protocol to the Federal Institute for Drugs and Medical Devices (BfArM, Bonn, Germany). This institute is defined as an independent federal higher authority within the portfolio of the Federal Ministry of Health. Following the device of the BfArM, we were not allowed to use our standard tumescent local anesthesia that we use routinely in endovenous thermal ablation settings. In contrast we were explicitly allowed only to inject saline solution perivenously. Maybe our results are influenced by this restriction.

We agree that the effect of adding tumescence with adrenaline (epinephrine) to foam sclerotherapy has to be evaluated and validated in further studies.