

Stripping. However, even if none evidenced, an important selection in patients inclusion was done: only cases with "At least one re-entry perforator located on the saphenous trunk", were included. As we know, these are the most favourable cases to be treated with the haemodynamic procedure. Moreover, this selection is not declared in the text but only in table 1; in the same table exclusion of the cases without "At least one re-entry perforator located on the saphenous trunk" (50–60% of varicose patients according to the leading Author)¹ is not underlined.

I wonder what could be the results of this study if Authors included all the cases without any selection: theoretically the Stripping results would be the same, unlike Haemodynamic Correction results, that would find in that excluded group of patients a less favourable situation. Furthermore, these cases could not be operated by Haemodynamic Correction in a single session, but would require one or more successive procedures in a non predictable moment. Finally, 10% of these same cases are not available for creating a draining system (the purpose of Haemodynamic Correction) and have consequently a higher probability of developing a saphenous thrombosis.

Thank you for the attention.

Reference

- 1 Zamboni P. La correzione emodinamica dell'IVC con strategia conservativa – CHIVA. Pag 281, Chap. 12. In: Agus GB, editor. *Chirurgia delle varici*. EDRA Milano Publisher; 2006.

S. Ricci*

*Private office, Ambulatorio Flebologico,
corso Trieste 123, 00198 Rome, Italy*

*Corresponding author.

E-mail address: varicci@tiscali.it

Available online 11 April 2008

© 2008 European Society for Vascular Surgery. Published by Elsevier Ltd. All rights reserved.

doi:10.1016/j.ejvs.2008.02.007

Response to Letter to Editor re: Varicose Vein Stripping vs Haemodynamic Correction (CHIVA): a Long Term Randomised Trial, by S. Carandina, C. Mari, M. De Palma, M.G. Marcellino, C. Cisno, A. Legnaro, A. Liboni, P. Zamboni, in Eur J Vasc Endovasc Surg 2008;35(2):230–237.

Dear Dr. Ricci,

Thank you for your letter giving us the possibility of clarifying the followings.

1. High ligation is the major risk factor of recurrences in open surgery for varicose veins.¹
2. About 50% of varicose patients presents with a competent terminal valve of the sapheno-femoral junction (SFJ).² In contrast to what stated by Dr. Ricci, this represents the best haemodynamic presentation for CHIVA because can be treated without the need of high tie, and in a single shot, by flush ligation and avulsion of the insufficient tributaries from the saphenous trunk.³ To the contrary standard stripping always requires high ligation so increasing the risk of recurrences from the junction.¹
3. In our study we decided to randomize patients with the same haemodynamic presentation, and with the need in both groups of treating the SFJ, because the randomization of the whole varicose patients would have increased the stripping group risk of recurrence. Such a presentation corresponds to about 30–35% of the whole varicose patients.⁴
4. Nowadays, double session in CHIVA is required only for incompetent terminal valve in the absence of a re-entry perforator located on the trunk. However, saphenous segmental angioplasty or valvulotomy can be adopted to favour the re-entry through a distal perforator centred on the trunk, so avoiding the need of a second session.⁴

References

- 1 Winterborn RJ, Foy C, Earnshaw JJ. Causes of varicose vein recurrence: late results of a randomized controlled trial of stripping the long saphenous vein. *J Vasc Surg* 2004;40:634–9.
- 2 Cappelli M, Molino Lova R, Ermini S, Zamboni P. Hemodynamics of the sapheno-femoral junction. Pattern of reflux and their clinical implications. *Int Angiol* 2004;23:25–8.
- 3 Zamboni P, Cisno C, Marchetti F, Quaglio D, Mazza P, Liboni A. Reflux elimination without any ablation or disconnection of the saphenous vein. *Eur J Vasc Endovasc Surg* 2001;21:361–9.
- 4 Zamboni P. La correzione emodinamica dell'IVC con strategia conservativa – CHIVA. Pag 281, Chap. 12. In: Agus GB, editor. *Chirurgia delle varici*. EDRA Milano Publisher; 2006.

P. Zamboni*

S. Giancesini

*Vascular Disease Center, Department of Surgery,
University of Ferrara, C.so Giovecca 203,
44100 Ferrara, Italy*

*Corresponding author. P. Zamboni, Sergio Giancesini
Vascular Disease Center University of Ferrara, Italy.

Tel.: +39 0532 236524; fax: + 39 0532 237443.

E-mail address: zmp@unife.it (P. Zamboni)

Available online 08 April 2008

© 2008 European Society for Vascular Surgery. Published by Elsevier Ltd. All rights reserved.

doi:10.1016/j.ejvs.2008.02.008

DOI of original article: 10.1016/j.ejvs.2008.02.007.