



ELSEVIER



## CORRESPONDENCE

**Regarding: Efficacy of Viabahn in the Treatment of Severe Superficial Femoral Artery Lesions: Which Factors Influence Long-term Patency?**

Following the paper of Alimi *et al.*,<sup>1</sup> we would like to comment on the anatomic properties of the SFA. Schillinger *et al.*,<sup>2</sup> compared PTA, with and without stenting, and at twelve months the rate of restenosis was 37% in the stent group and 63% in the angioplasty only group. These results in favour of angioplasty alone are presumably related to the special anatomy of the SFA and the inferior performance of stents when regularly exposed to wall stress, torsion and flexion. In claudicants with lesions shorter than 15 cm, stenting leads to larger luminal vessel diameter peri-procedurally. Katzen, at the Veith-Symposium 2007, reported that primary patency after 12 months was 80% in the stented group versus 38% in PTA alone group. Particularly for the distal SFA high stent flexibility is mandatory. Calcified lesions may require stents with higher radial forces than non-calcified long lesions. On the other hand, covered stents as used in the Alimi study may have distinct advantages such as prevention of intimal ingrowth compared to either PTA only or bare metal stents. However, it has been shown that intimal hyperplasia was not prevented completely but was limited to the border of the stented area. Of course, careful duplex follow-up is mandatory.

Finally, the study is a fine example of the benefit of combining stenting with conventional vascular surgical procedures and illustrates the necessity of training vascular surgeons in endovascular techniques.

## References

- 1 Alimi YS, Hakam Z, Hartung O, Boufl M, Barthelemy P, Aissi K, et al. Efficacy of Viabahn® in the treatment of severe superficial femoral artery lesions: Which factors influence long-term patency? *Eur J Vasc Endovasc Surg* 2008;**35**:346–52.
- 2 Schillinger M, Sabeti S, Loewe C, Dick P, Amighi J, Mlekusch W, et al. Balloon angioplasty versus implantation of nitinol stents in the superficial femoral artery. *N Engl J Med* 2006;**354**:1879–88.

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**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 and P. Zamboni, in *Eur J Vasc Endovasc Surg* 2008;**35**:230–7.

To Editor,

I enjoyed very much the paper: 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 and P. Zamboni, in *Eur J Vasc Endovasc Surg* 2008;**35**:230–7.

It is well designed and is possibly a milestone of varicose veins treatment results analysis. It demonstrates that varicose veins Haemodynamic Correction (CHIVA) may be considered already a valid solution and, in any case, cannot be ignored.

I am amazed for the low incidence of recurrences not only for CHIVA treated patents but also for those treated by