The 6th meeting of the European venous forum (EVF) was held recently in Heraklion, Crete with great success. The meeting was attended by 200 delegates and the forum has now 240 members (compared to 208 in 2004).

The scientific programme commenced on Friday with two didactic sessions. The 1st sponsored by the Hellenic Society of Phlebology focused on ‘the swollen leg’ and was chaired by D. Papadimitriou and P. Panousis. K. Katsenis covered the ‘pathogenesis and diagnosis’, J Skoutis talked about the ‘conservative management’, K. Ktenides presented his experience about ‘venous valve surgery’, A. Tripolitis spoke about the ‘perforating vein surgery’ and N. Pagratis closed on ‘interventional treatment of venous trunks’.

In the 2nd session on ‘prophylaxis and treatment of VTE in medical and surgical patients: state of the art and practical guidelines’, chaired by A. Katsamouris and A.N. Nicolaides, the former presented the ‘magnitude of the problem’ followed by M.M. Samama who gave an ‘evaluation of risk factors’. The ‘prophylaxis in Medical and Surgical patients’ were outlined by A. Cohen and S. Haas respectively, while P. Prandoni gave the ‘emergency strategies for treatment’. G. Gerotziafas talked on ‘VTE: patient information and education about treatment’, H. Sillesen presented the ‘thrombolytic therapy of DVT’, while W. Sandmann talked about the ‘surgical treatment of vena cava thrombosis’. The ‘treatment of post-thrombotic iliofemoral venous occlusions by endovascular and open surgical techniques: guidelines in 2005’ was discussed by P. Gloviczki while B.B. Lee gave an illuminating presentation on ‘the pathophysiology and management of venous malformations’.

Some information about the EVF:

The EVF was founded in 2000, parallel with the American venous forum with the aim of presenting selected papers on venous disease of high scientific quality. The peculiarity of these fora is that the speakers are given 10 min to present their work which is then followed by 10 min discussion.

The president of each forum with his team, undertake to organize the congress locally. However, the registration, selection of papers and printing of the
scientific program is done centrally from the organising committee of the EVF whose president is Professor A.N. Nicolaides.

The first EVF congress was held in Lyon, having as president and organizer M. Perrin. The second took place in Rome, by C. Allegra, the third in Berlin by U. Schultz-Ehrenburg, the fourth in Lisbon by J. Fernandes e Fernandes and the fifth in Warsaw by A. Jawien. The president and organizer of the present one was A. Katsamouris. The seventh will take place in 2006 in London at the RSM and will be a tripartite meeting together with the AVF with president and organizer A.H. Davies.

One of the advantages of being member of the EVF (annual membership 55 Euro, i.e. £37) is that the registration fee is very low for members (this year it was 300 Euro, i.e. £220 compared to 460 Euro, i.e. £320 for non-members).

The keynote lecture was delivered superbly by Nicos Lamboroulos, who also received the 1st prize. The 2nd and 3rd prizes were given to R. Milleret and S. Tognazzo for presenting their papers (no 24 and 27, respectively).

The prize apart from the certificate, as it was decided at the EVF board meeting and approved by the AGM this year, will give the opportunity to two of the winners to submit their papers to the AVF and should they be accepted, to sponsor them to present them in the States.

The Gala dinner took place at the M. Hatzidakis open air theatre and the participants were offered an original ‘Byzantine feast’ accompanied by wine specially bottled for the event. The menu booklet nominally assigned to each guest, explained in detail the dishes and their history and will become a collector’s item.

Thirty abstracts were selected for presentation and they appear below.

1. Natural history and early outcome of calf deep venous thrombosis
   Labropoulos N, Bhatti A, Leon L, Patel PJ
   Department of Surgery, Division of Vascular Surgery, Loyola University Medical Center, 2160 South First Avenue Maywood, Illinois 60153-3304 USA

2. Early mobilisation in patients with acute deep vein thrombosis: Does it increase the incidence of symptomatic pulmonary embolism?
   Romera A, Vila R, Pérez-Piqueras A, Martí X, Cairols MA
   Servei d’Angiologia i Cirugia Vascular, Hospital Universitari de Bellvitge, Barcelona, Spain

   Caprini JA
   Department of Surgery, Evanston Northwestern Healthcare, Evanston, IL; Feinberg School of Medicine, Northwestern University, Chicago, IL, USA for the NABOR Steering Committee.

4. Long-term results of iliac stenting during surgical venous thrombectomy
   Hartung O, Boui M, Barthélémy P, Alimi YS
   Service de Chirurgie Vascularaire, Centre Hospitalier Universitaire Nord, Marseille, France

5. Venous thromboembolism secondary to orthopaedic and trauma surgery reveal patients with thrombophilic traits emerging late in life
   Casals F1,3, Maragall S1,3, Peidro L1,3, Escolar G1,3
   1Hemotherapy-Hemostase Department, 2Trauma and Orthopaedic Surgery Institute, 3Thrombembolism Unit (UFMATE), Hospital Clinic, Barcelona, Spain

6. Deep venous thrombosis during pregnancy and puerperium—what is the ideal treatment?
   Pillny M, Sandmann W
   Department of Vascular Surgery and Kidney Transplantation, University Hospital Dusseldorf, Germany

7. The profile of the ‘REVAS’ patient
   Perrin M
   Clinique du Grant Large, Lyon, France

8. Recurrent varicose veins. Endovascular treatment with neojunctions selective embolisation
   Hospital Ruber Internacional, Madrid, Spain

9. Endovascular therapy ameliorates venous claudication, and improves venous outflow, calf muscle pump function and chronic venous disease clinical status in complicated chronic iliofemoral (± vena caval) thrombosis
   Delis KT, Bjarnason H, Rooke T, Wennberg P, Gloviczki P
   From the Divisions of Vascular Surgery, Interventional Radiology, Vascular Medicine, Mayo Clinic, MN, 200 First Street SW, Gonda Vascular Center, 4th Floor, Rochester, MN, 66905, USA

10. The so-called incompetent perforators in primary CVD
    Department of Surgery and Vascular Diseases Center, University of Ferrara, Italy
11. A survey of current post-operative management and advice following varicose vein surgery by members of the Vascular Surgical Society
Shaligram A, Lee Chong P, Singh S
Department of Vascular Surgery, Doncaster Royal Infirmary, Doncaster, UK

12. ‘Natural’ evolution of ‘dissociated’ sapheno-femoral junctions
Cappelli M1, Molino Lova R2, Ermini S3, Giannelli F1, Zamboni P2
1Phlebologic Surgery, Via Datini 46, Florence Italy; 2Don Gnocchi Foundation, Pozzolatico, Florence; 3Phlebologic Surgery, Via Tizzano 1, Grassina, Florence; 4Department of Surgery and Vascular Laboratory, University of Ferrara, Italy
Session 3
Chairmen: J Caprini, AH Davies

13. Role of inflammatory cell infiltration in causation of altered morphology of varicose veins
Aravind B1, Navin T1,2, Monaco C1,2, Paleolog E1,2, Davies AH1
Acknowledgement: Frances & Augustus Newmann Foundation
1Division of Surgery, Anaesthetics and Intensive Care, Department of Vascular Surgery, 4th Floor East, Charing Cross Hospital Campus, 2Kennedy Institute of Rheumatology, Faculty of Medicine, Imperial College, London, UK

14. Chronic venous disease in the obese male. An epidemiological survey
Benigni P1, Cazaubon M2, Mathieu M3, Achhammer F1
1HIA Bég, St Mandé, France, 2Hôpital Américain, Neuilly, France, 3Laboratoires Innothéra, Arcueil, France

15. Treatment of primary venous insufficiency by endovenous obliteration with the VNUS-Closure system. Results of a long term multicenter prospective study
Perrin M, MD for the Closure Group
From the Division of Vascular Surgery, Clinique du Grand Large, Décines, France

16. LSV reverse foam sclerotherapy with SFJ ligation compared to head and invagination stripping: A prospective randomised trail
Liamis A, Prionidis I, Mathai J, Gorton L, Browne T, Panayiotopoulos YP
Department of Vascular Surgery, Broomfield Hospital, Essex, UK

17. Does stripping the short saphenous vein cause nerve damage?
Vandenbroeck CP, Winterborn RJ, Campbell WB, Whitman B, Earnshaw JJ on behalf of the Joint Vascular Research Group
Department of Vascular Surgery, Gloucestershire Royal Hospital, Gloucester, UK

18. Endovenous obliteration of superficial veins by a resorbable braid: Experimental study
Milleret R, Darnis T, Therin M
Vein Center, Montpellier, France

Annual general meeting
Session 4
Chairmen: M Malouf, A Jawien

19. Duplex orthostatic reflux test: Manual calf compression vs. active foot dorsiflexion (a multicenter study)
Via Rossetti 1, 04100 Latina, Italy

20. Compression Stockings. Walking pressures and proposal of a dynamic stiffness index
Benigni JP, Cornu Thénard A, Uhl JF, Schadeck M
French University Group for Medical Compression Study, Laboratoire d’Anatomie Virtuelle, Centre Universitaire des Saints Pères, 45 rue des Saints Pères, F 75006 Paris, France

21. Can intermittent pneumatic compression systems monitor venous filling in the leg?
Lever MJ, Diamantopoulos I, Kawamoto H, Yoshitake T
Department of Bioengineering, Imperial College London, London, UK

22. Ultrasound-guided foam sclerotherapy for recurrent varicose veins: Safety and effectiveness of a minimally invasive procedure performed in an outpatient basis
Kakkos SK, Bountouroglou DG, Azzam M, Kalodiki E, Geroulakos G
Vascular Unit, Ealing Hospital and Department of Vascular Surgery, Imperial College, London, UK

Us MH1; Sanioglu S2, Aslan Y1, Pocan S; Sungun M; Ozbek C1, Yilmaz M1; Basaran M; Kaya Z1; Yilmaz AT1
1GATA Haydarpasa Training Hospital, Istanbul, Turkey
2Siyami Ersek Thoracic and Cardiovascular Surgery Center, Istanbul, Sonomed Imaging Center Istanbul, Turkey

24. External ultrasonic valvuloplasty
Inserm U 556, Lyon, France

Session 5
Chairmen: P Zamboni

25. Microcirculatory flow abnormalities in patients with healed and active venous leg ulcer

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26. Calf muscle pump failure in air-plethysmography as an independent factor of delayed healing of venous leg ulcers

Simka M
Department of Angiology, Pszczyna, Poland

27. What is potentially the right factor XIII for venous leg ulcer treatment?

Center Study Haemostasis & Thrombosis and Center for Vascular Diseases, University of Ferrara, Italy

28. Surgical correction of isolated superficial reflux in chronic venous leg ulceration offers favourable ulcer healing rate with no mid-term recurrences

Terzoudi SA, Georgiadis GS, Papas TT, Eleftheriadou E, Lazarides MK
Department of Vascular Surgery, Demokritos University Hospital, Alexandroupolis, Greece

29. Short-term results of US-guided sclerotherapy for venous insufficiency

Nitecki S, Bass A
The Multidisciplinary Medical Center, Tel-Aviv, Israel

30. Does modification of predisposing factors influence Chronic Venous Disease Progression (CVDP)?

Kostas T, Ioannou CV, Drygiannakis I, Daskalaki E, Kafetzakis A, Velizardakis M, Kakoyianni V, Georgarakos S, Katsamouris AN
Division of Vascular Surgery, University Hospital of Heraklion, University of Crete Medical School, Heraklion, Crete, Greece

Key note lecture:
Chairmen: J. Papadimitriou, A. Katsamouris
Evaluation of Chronic Venous Disease. Nicos Labropoulos

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