



CONTROVERSES ET ACTUALITÉS EN CHIRURGIE VASCULAIRE
CONTROVERSIES & UPDATES
IN VASCULAR SURGERY



JANUARY 23-25 2014

MARRIOTT RIVE GAUCHE & CONFERENCE CENTER PARIS, FRANCE

Sclectotherapy treatment of telangiectasies by ultrasound guidance

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CAEN - FRANCE



Disclosure

Speaker name: Claudine Hamel-Desnos

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- I have the following potential conflicts of interest to report:
 - Consulting
 - Employment in industry
 - Shareholder in a healthcare company
 - Owner of a healthcare company
 - Other(s)
- I do not have any potential conflict of interest**

Pre treatment assessment

(European Guidelines – Rabe E. et al. Phlebology 2013)

Recommendation 13: We recommend diagnostic evaluation including history-taking, clinical examination and DUS investigation before sclerotherapy. In telangiectasias and reticular varicose veins, cw-Doppler instead of DUS may be sufficient (GRADE 1C).

although the general

trend is in favour of a complete DUS in these cases.

Why most experts are they in favour of a complete DUS even for C1?

N°1

Before



DUS is vital to assess the feeder veins

After FS



N°2

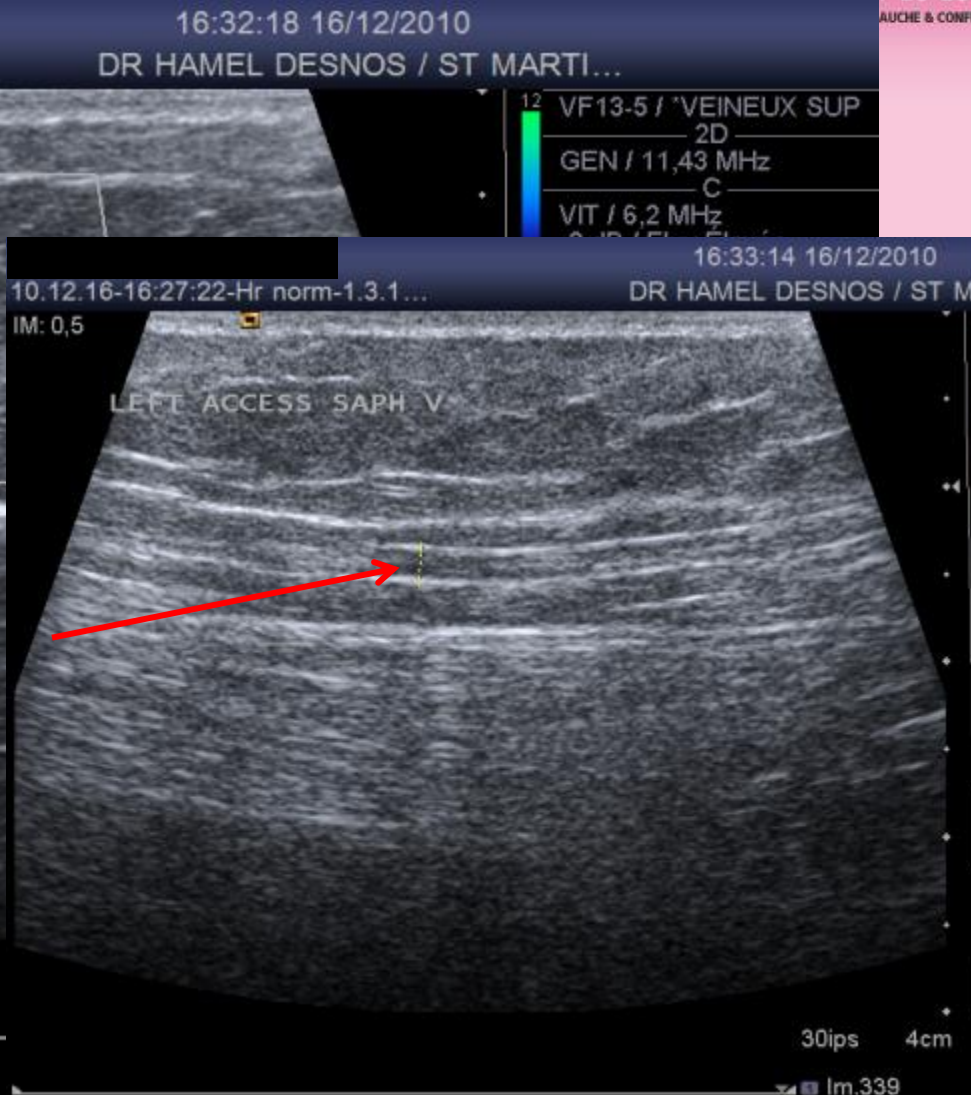
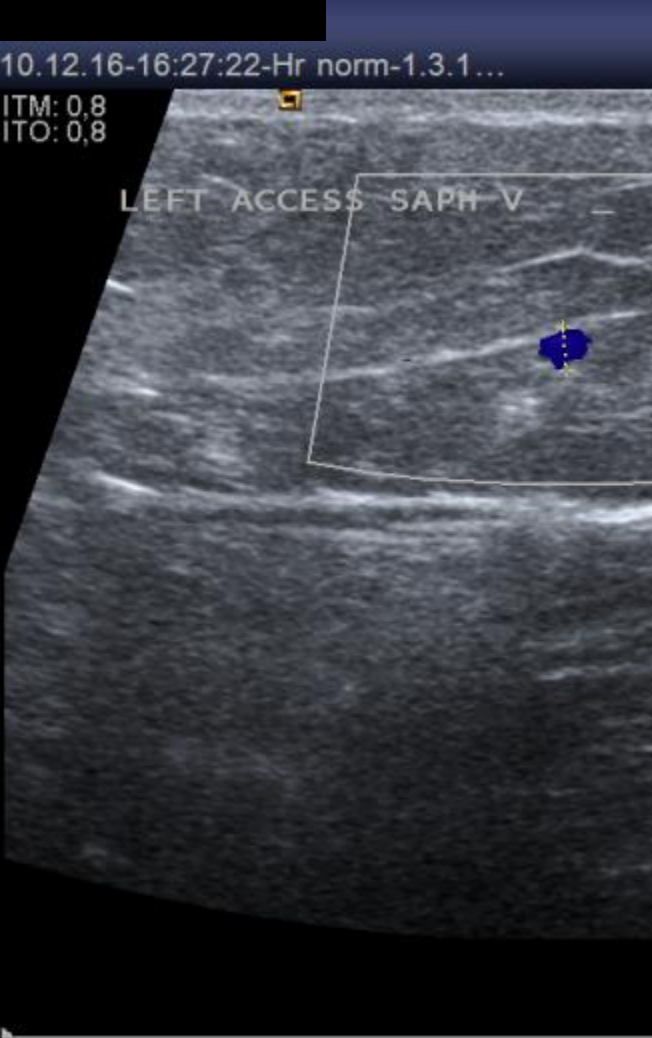
Before



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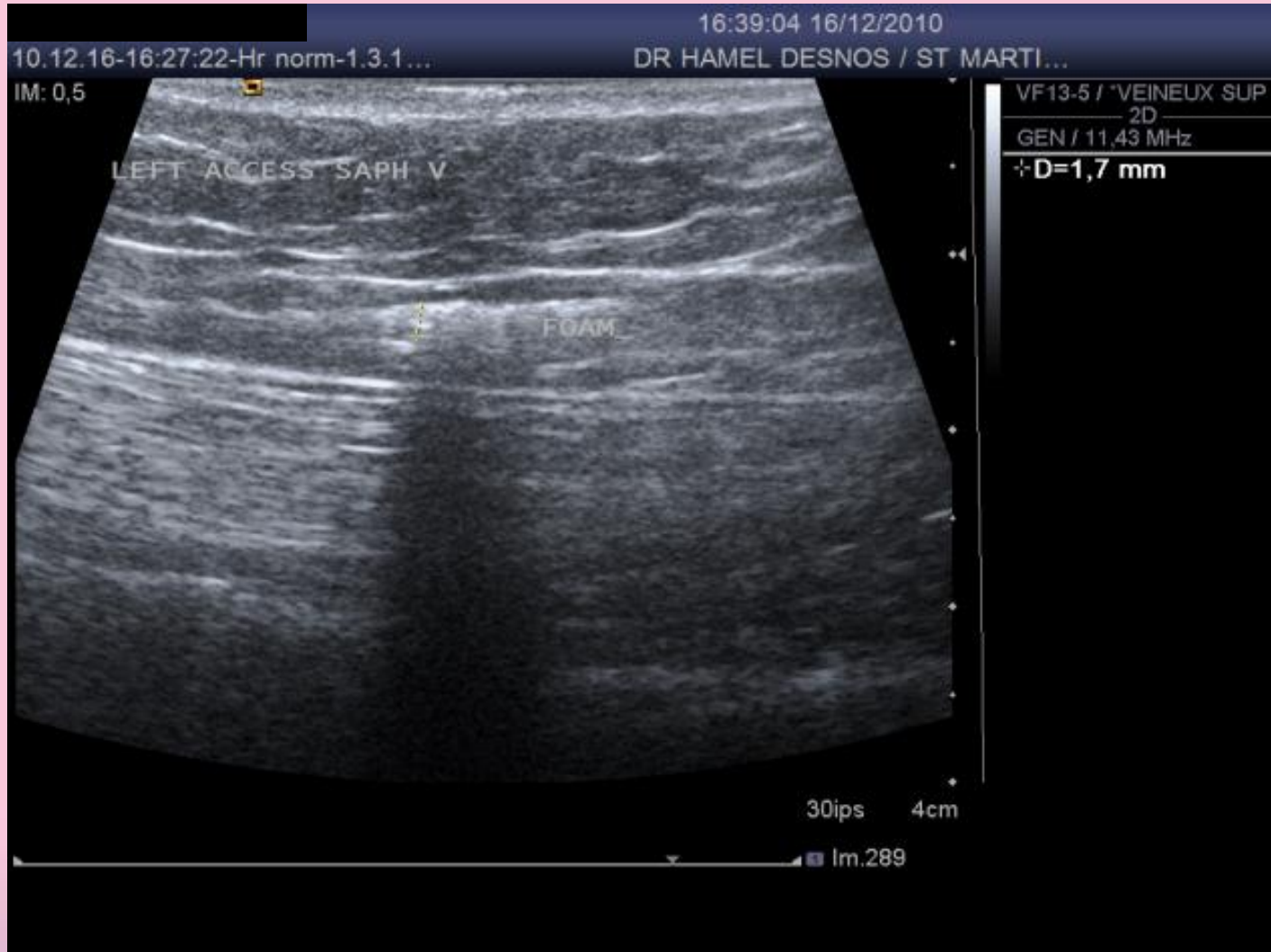
DUS shows the contribution made by the AASV



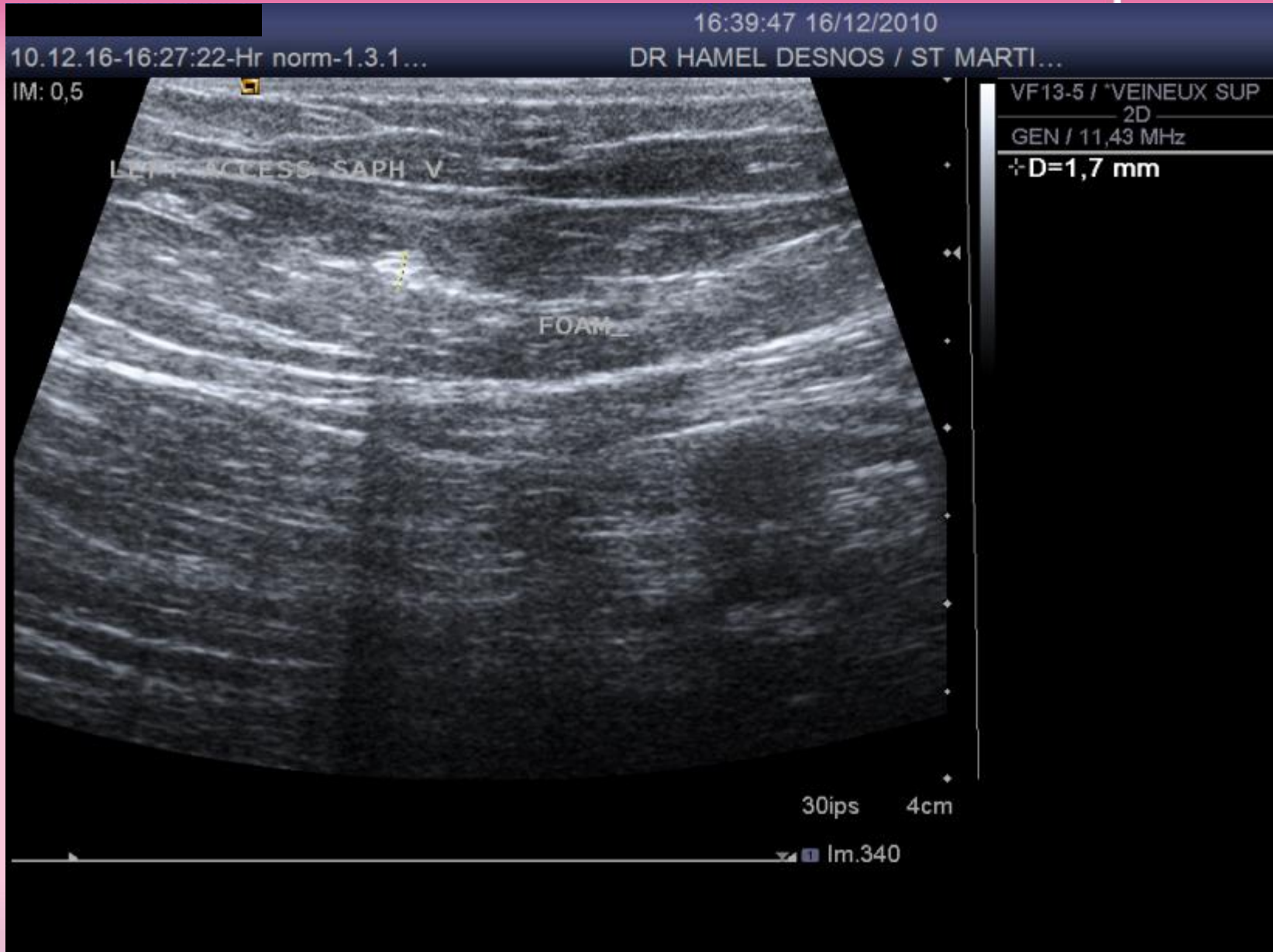
USGFS of the ASV



Filling of the vein with foam



Filling of the vein with foam



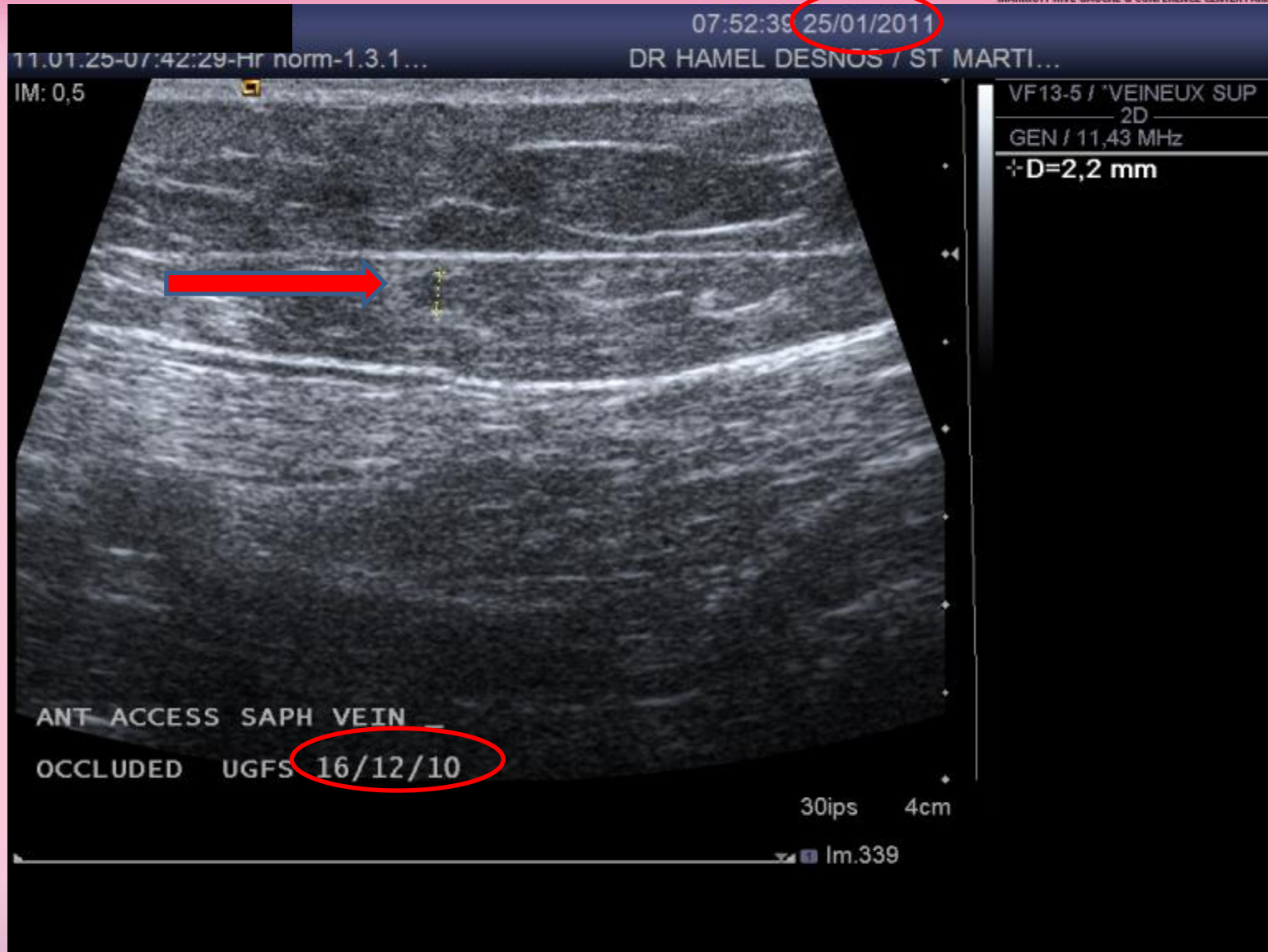
Filling of the vein with foam



Only two sites of injections (1 in ASV; 1 in telangiectasias)



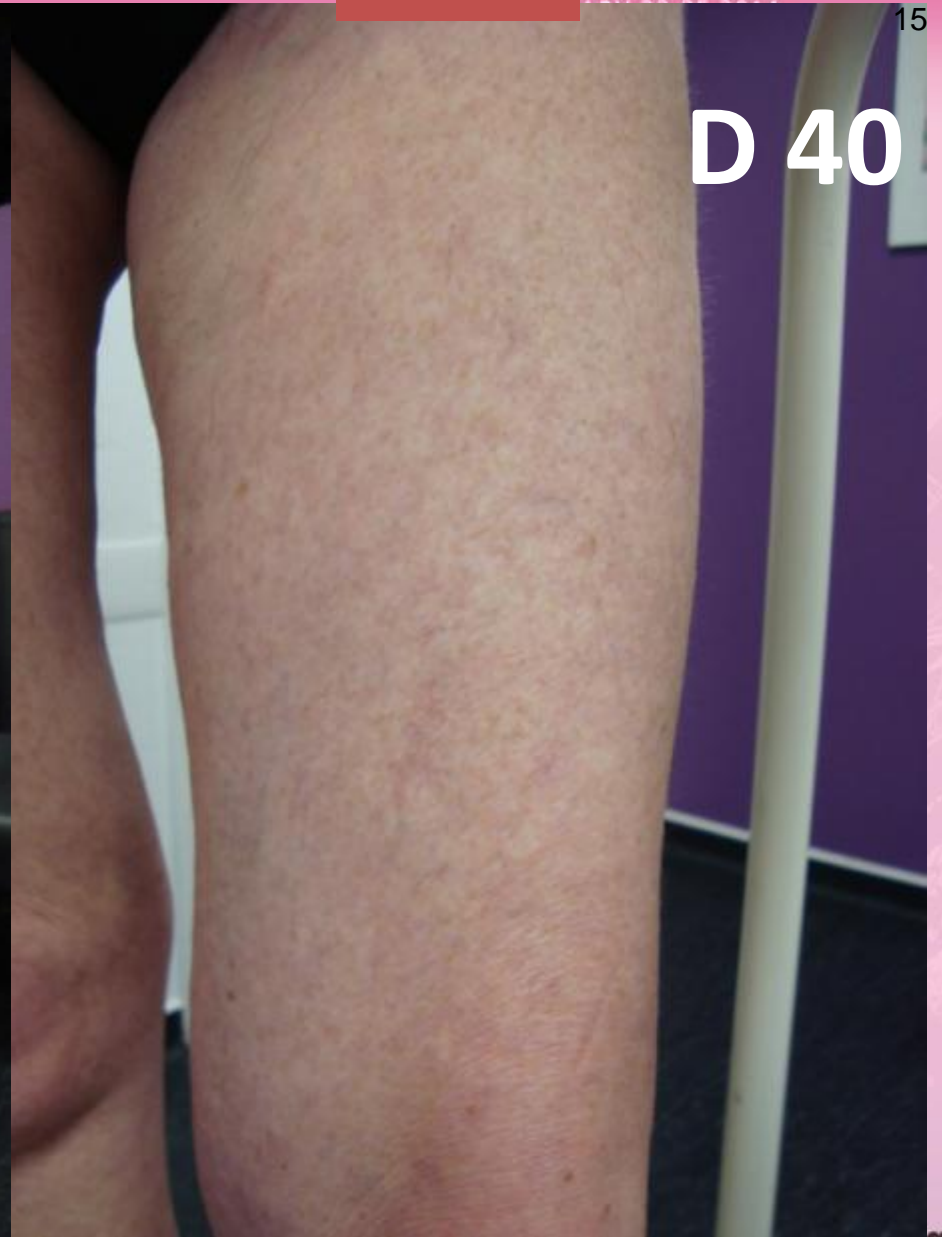
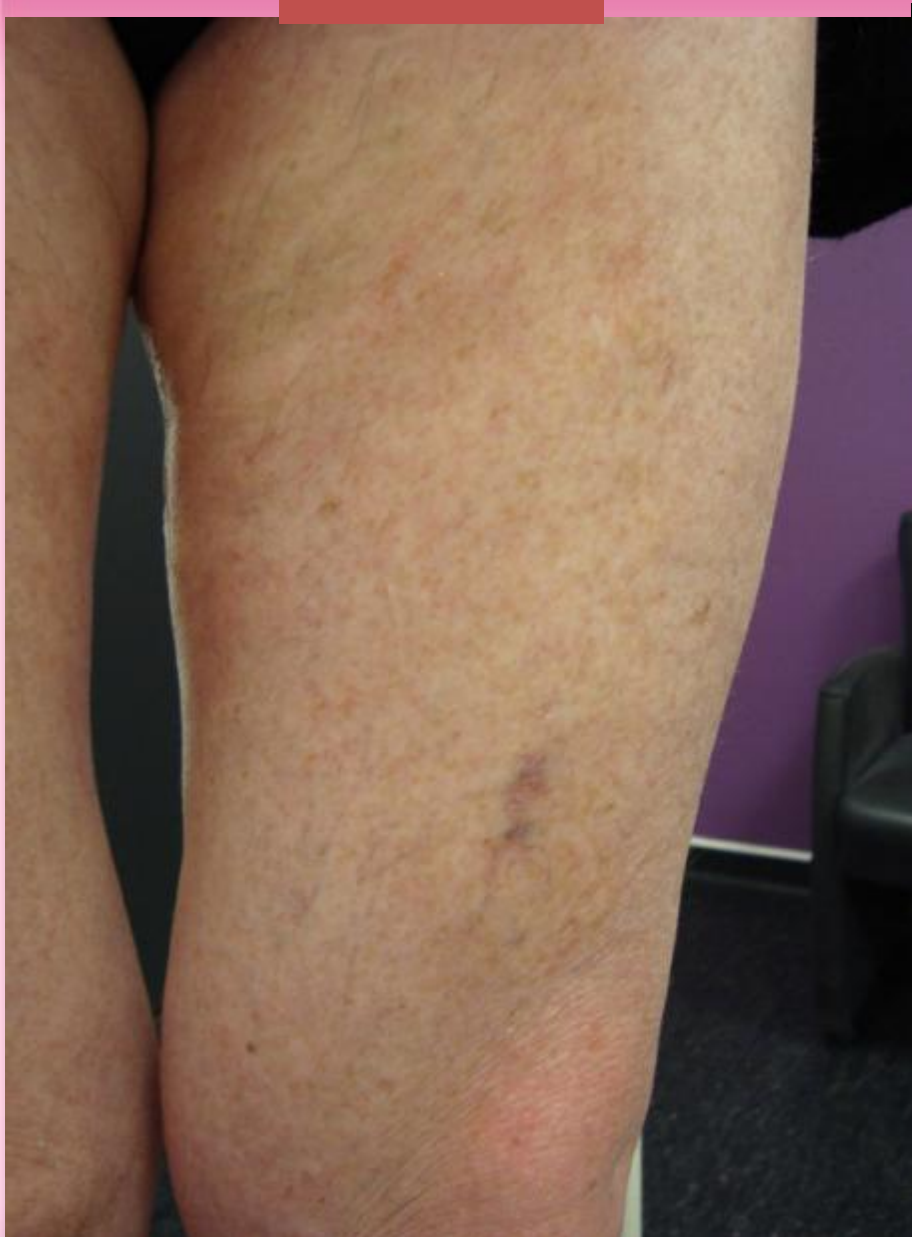
D 40 : ASV is occluded



Before

After

D 40





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Matting



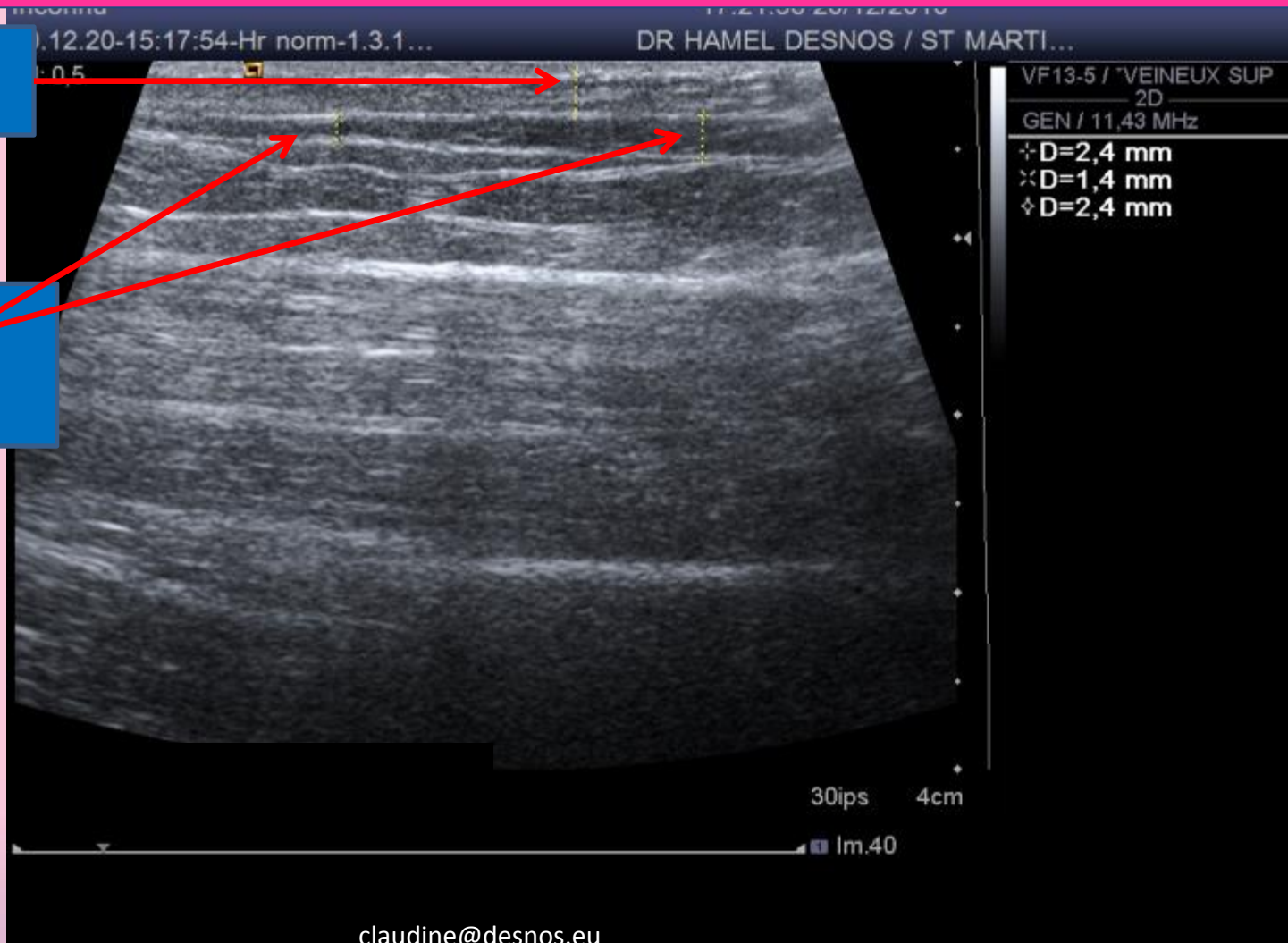
(European Guidelines – Rabe E. et al. Phlebology 2013)

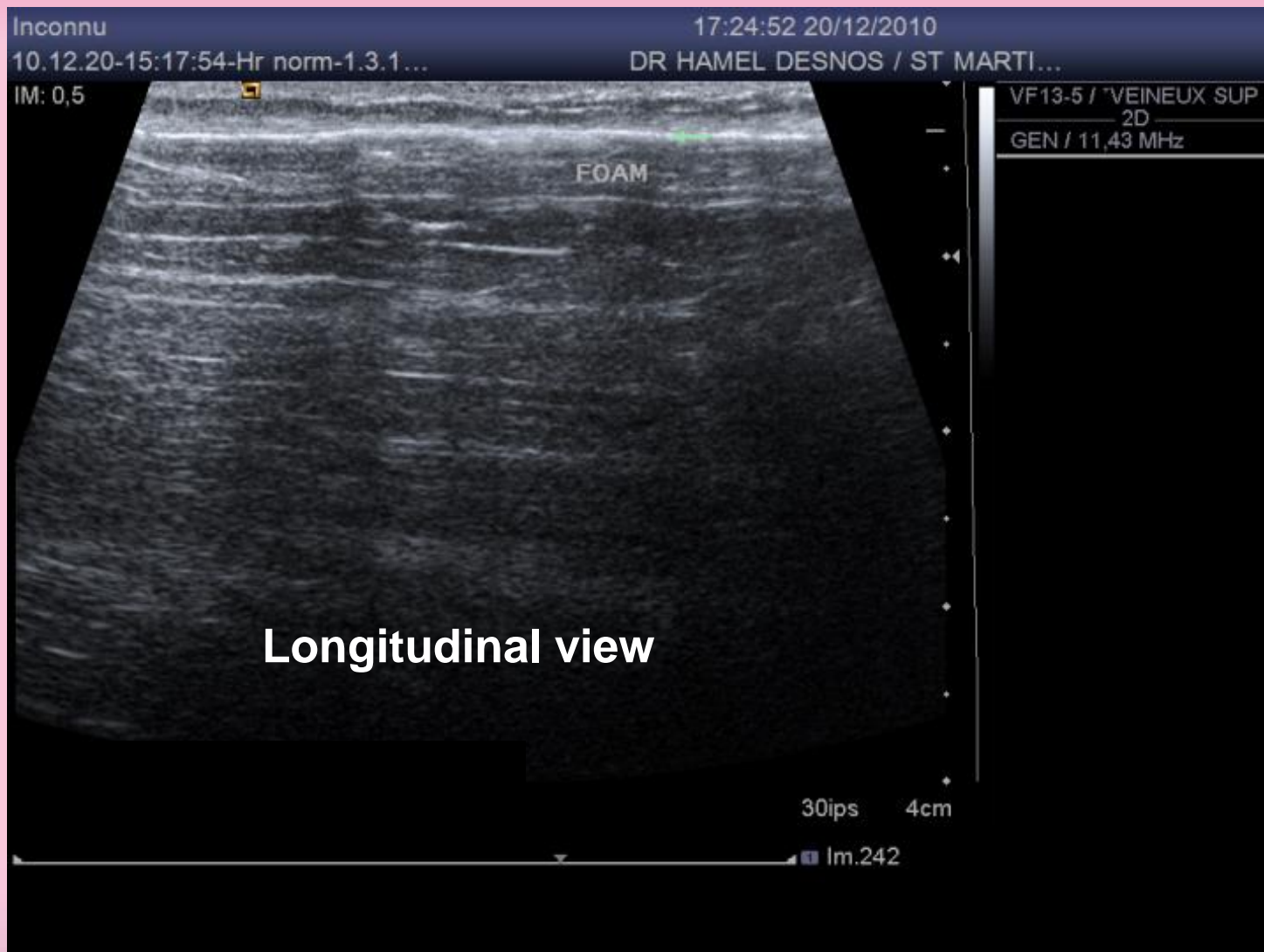
Inadequate or no treatment of the underlying reflux is the cause in many cases of matting.

It is difficult but POSSIBLE to treat small and very superficial veins under US guidance (use longitudinal section)

Depth =
2.5 mm

Vein \emptyset =
1.5 to 2.5 mm



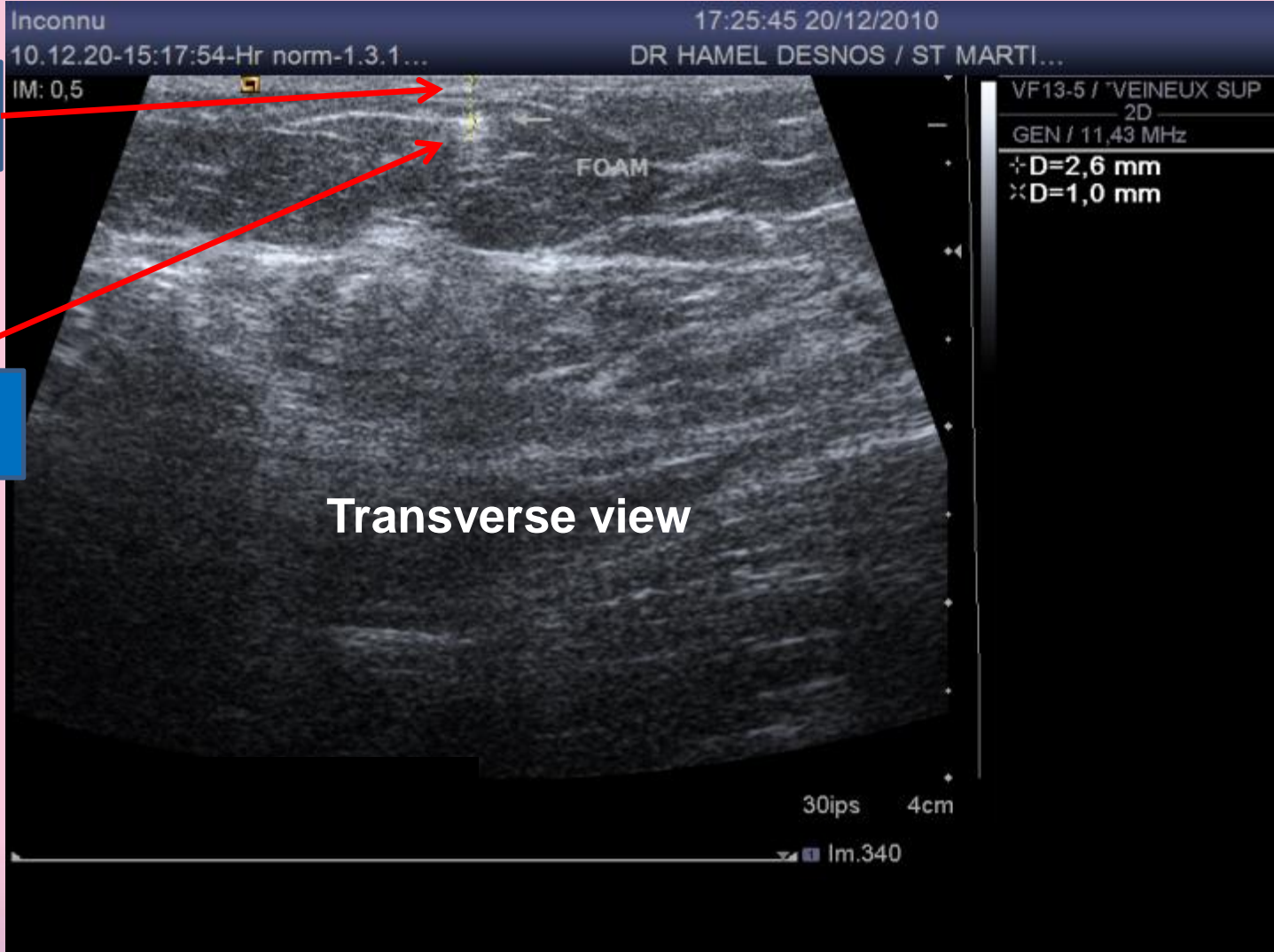


22 Gauge needle

Just after USG Foam sclerotherapy

Depth=
2.5 mm

Vein Ø=
1 mm



Transverse view

N°4





GSV tributary



ITM: 0,9
ITO: 0,9

GS + TRIB_

VF13-5 / VEINEUX SUP
2D
GEN / 11,43 MHz
C
VIT / 6,2 MHz
-2 dB / Flux Elevée

+D=3,3 mm
x D=3,2 mm

12
cm/s

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ITO: 1,1

GS + TRIB_

VF13-5 / VEINEUX SUP
2D
GEN / 11,43 MHz
C
VIT / 6,2 MHz
-2 dB / Flux Elevée

D
DOP / 6,2 MHz
71 dB / PD 55
+D=5,2 mm
x D=5,4 mm

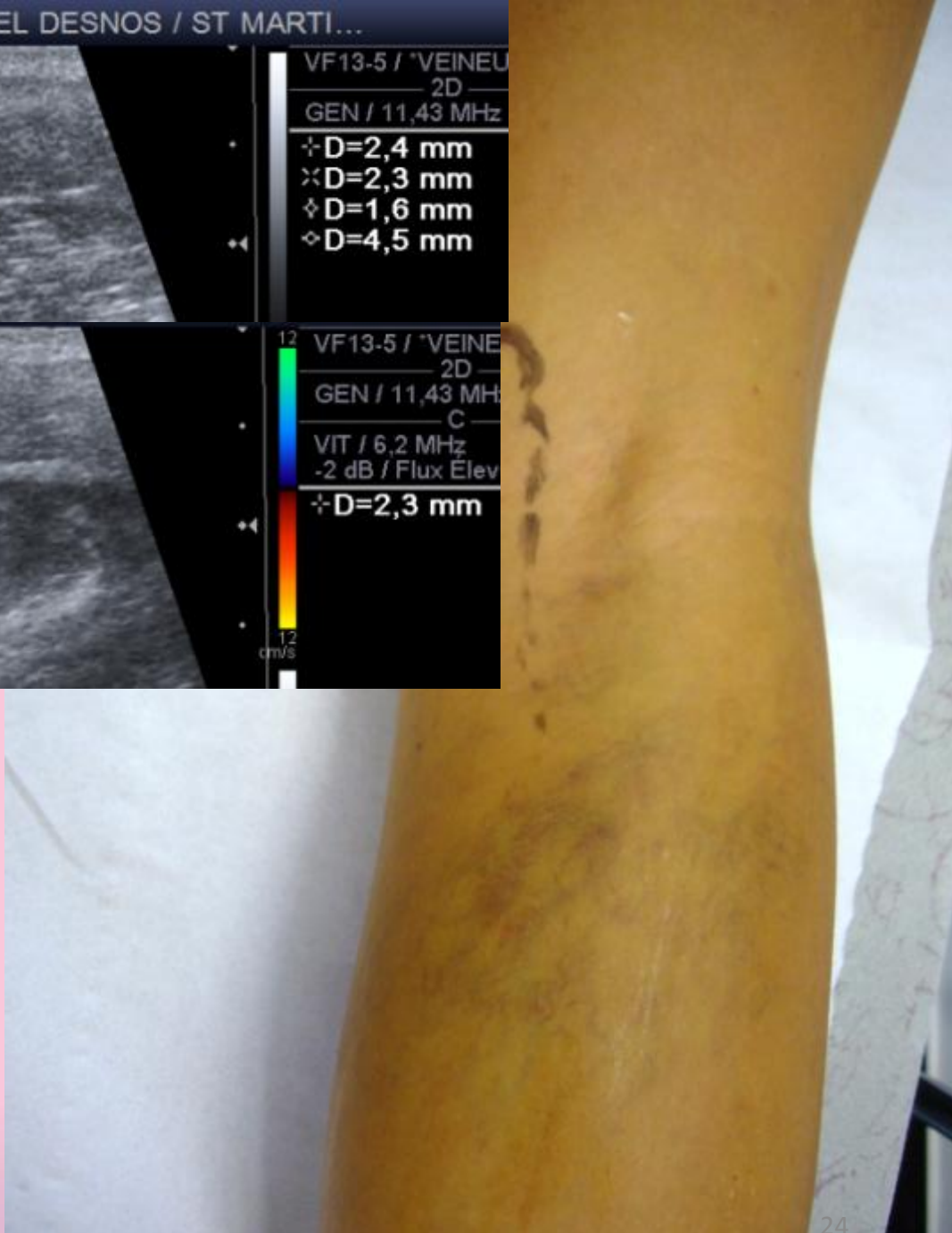
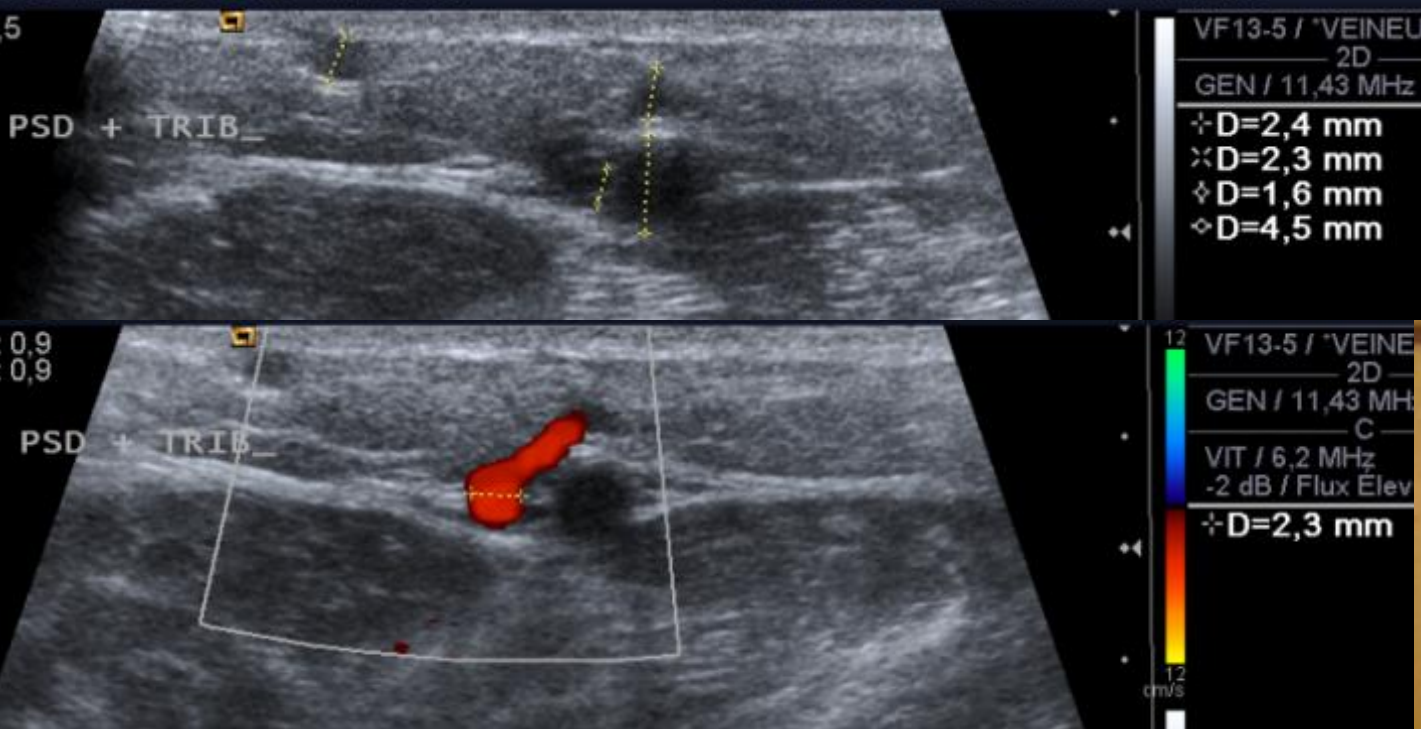
12
cm/s

6mm

-30
-20
-10
cm/s
-10
-20

21ips 4cm

Col598



+ SSV tributary

USGFS of GSV tributary



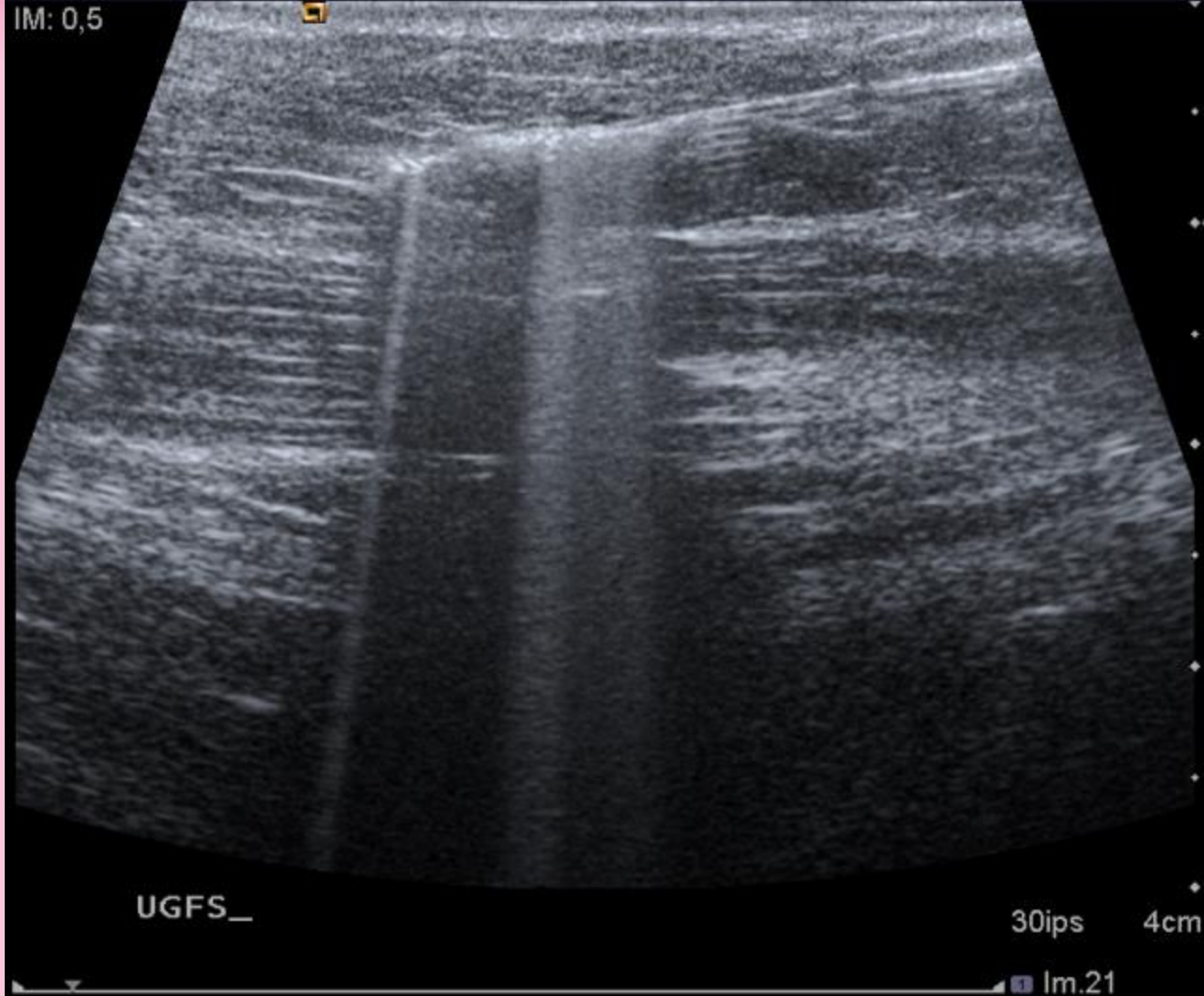
Inconnu

14:04:24 22/08/2011

11.08.22-13:50:58-Hr av-1.3.12.2...

DR HAMEL DESNOS / ST MARTI...

IM: 0,5



VF13-5 / VEINEUX SUP
2D
GEN / 11,43 MHz

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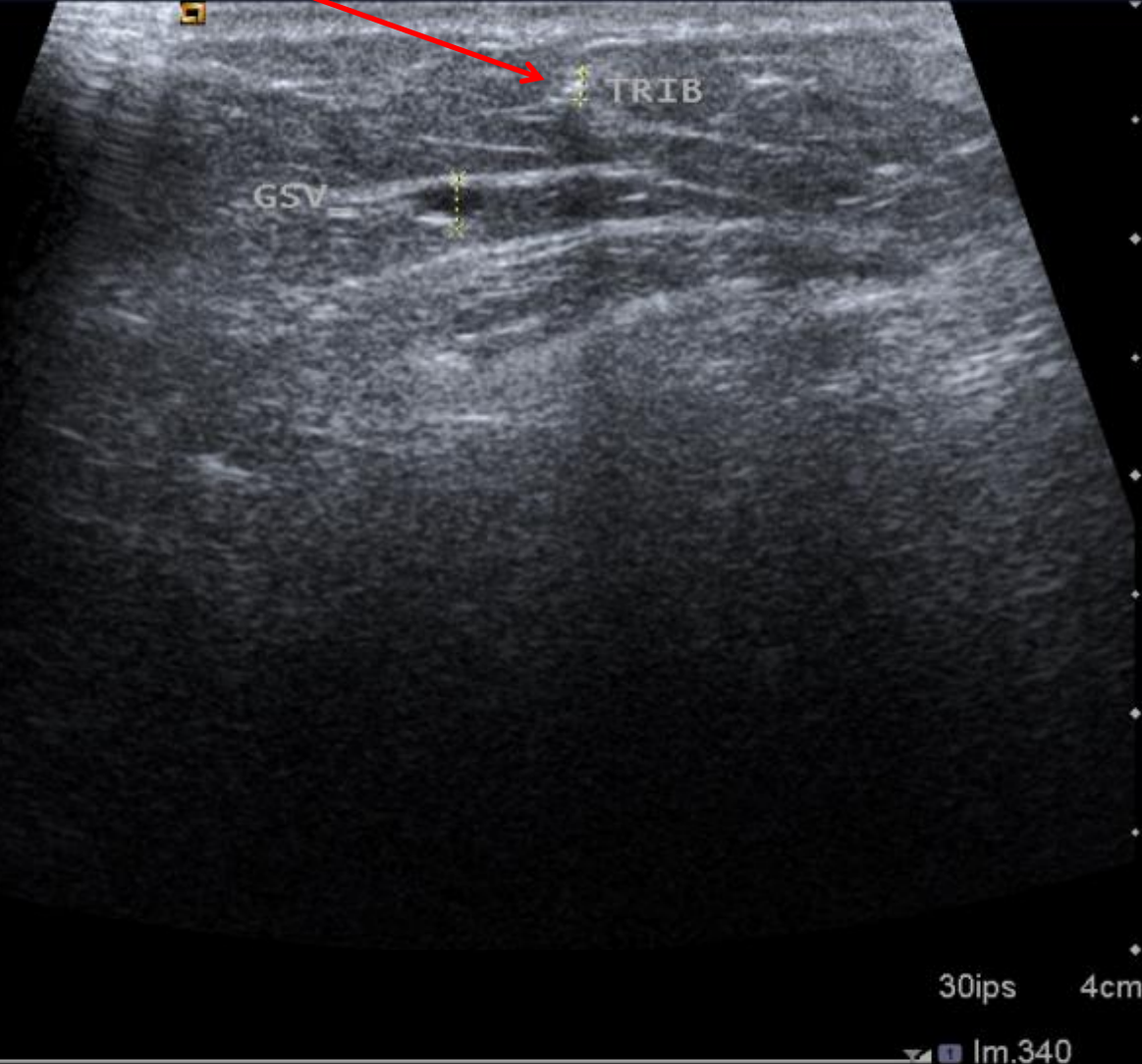
FOAM

Incl
11.08.22-13:50:58-Hr av. 1.3.12.2...

14:06:04 22/08/2011

DR HAMEL DESNOS / ST MARTI...

IM: 0,5



VF13-5 / *VEINEUX SUP
2D

GEN / 11,43 MHz

+D=1,1 mm

×D=2,2 mm

30ips 4cm

Im.340

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USGFS of SSV tributary



Just after UGFS (2 sites)



Before



After (5 weeks)



13:22:06 29/09/2011

DR HAMEL DESNOS / ST MARTI...

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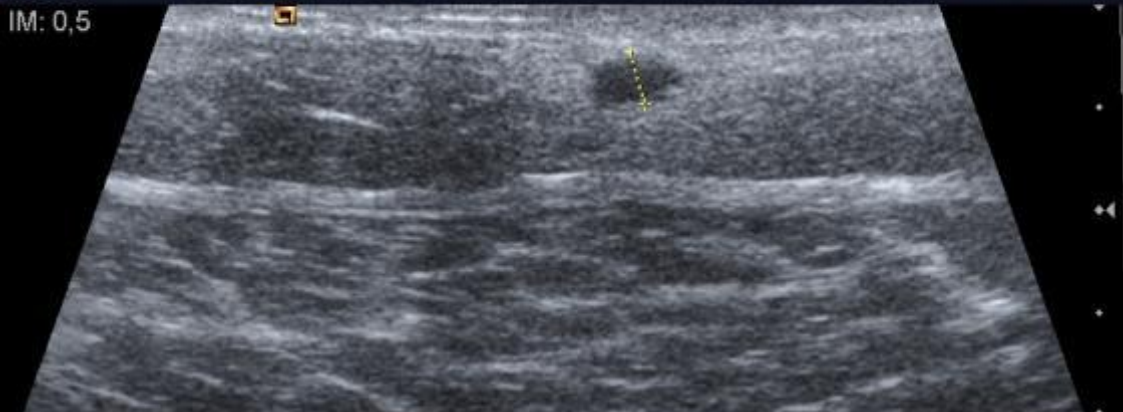
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IM: 0,5

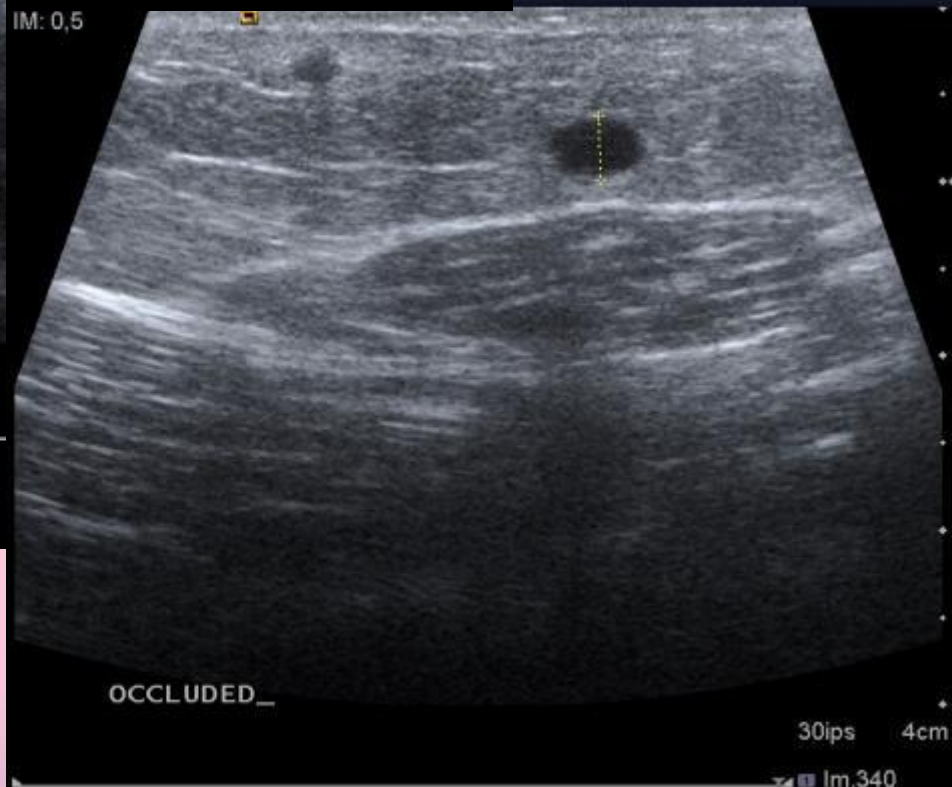


VF13-5 / VEINEUX SUP
2D
GEN / 11,43 MHz
D=2,6 mm

13:21:52 29/09/2011

DR HAMEL DESNOS / ST MARTI...

IM: 0,5



VF13-5 / VEINEUX SUP
2D
GEN / 11,43 MHz
D=3,7 mm

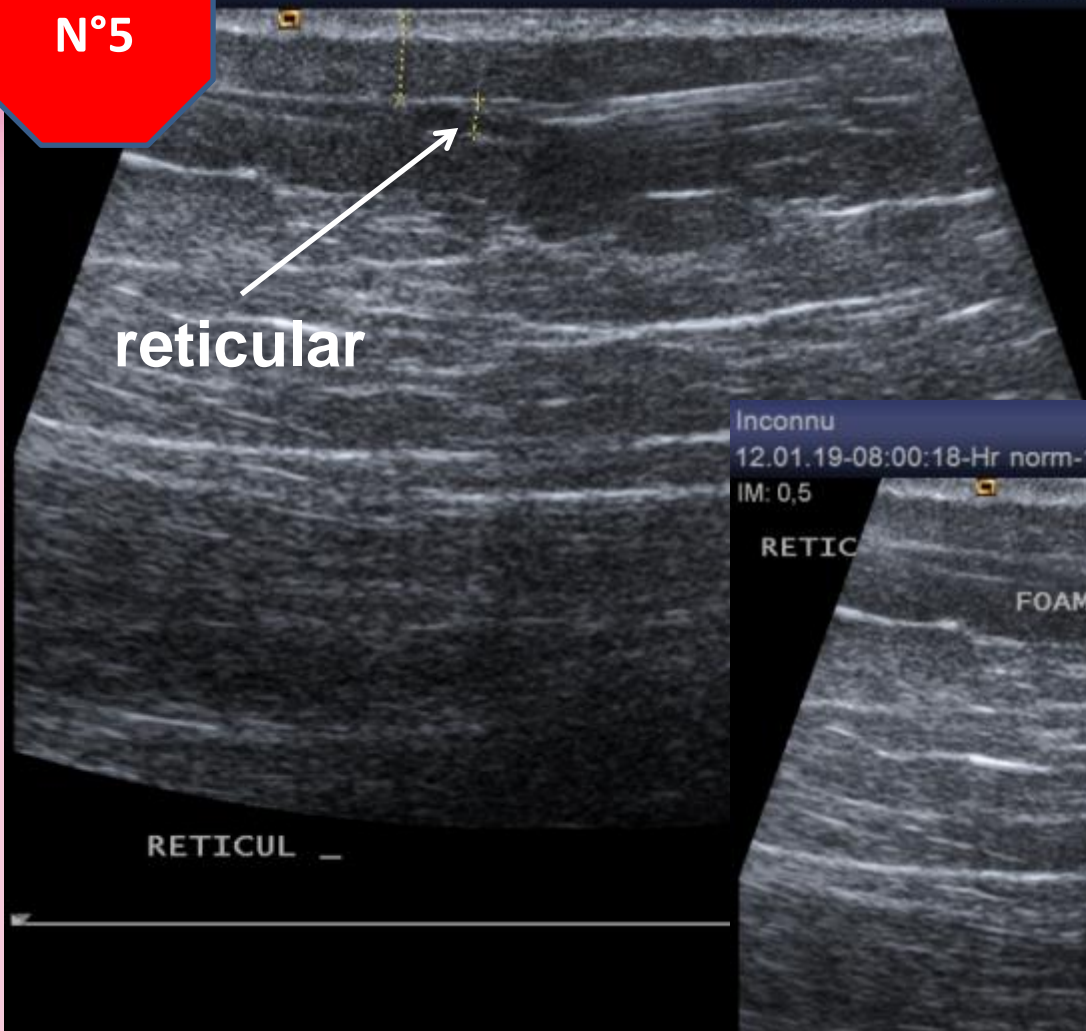
OCCLUDED_

OCCLUDED_

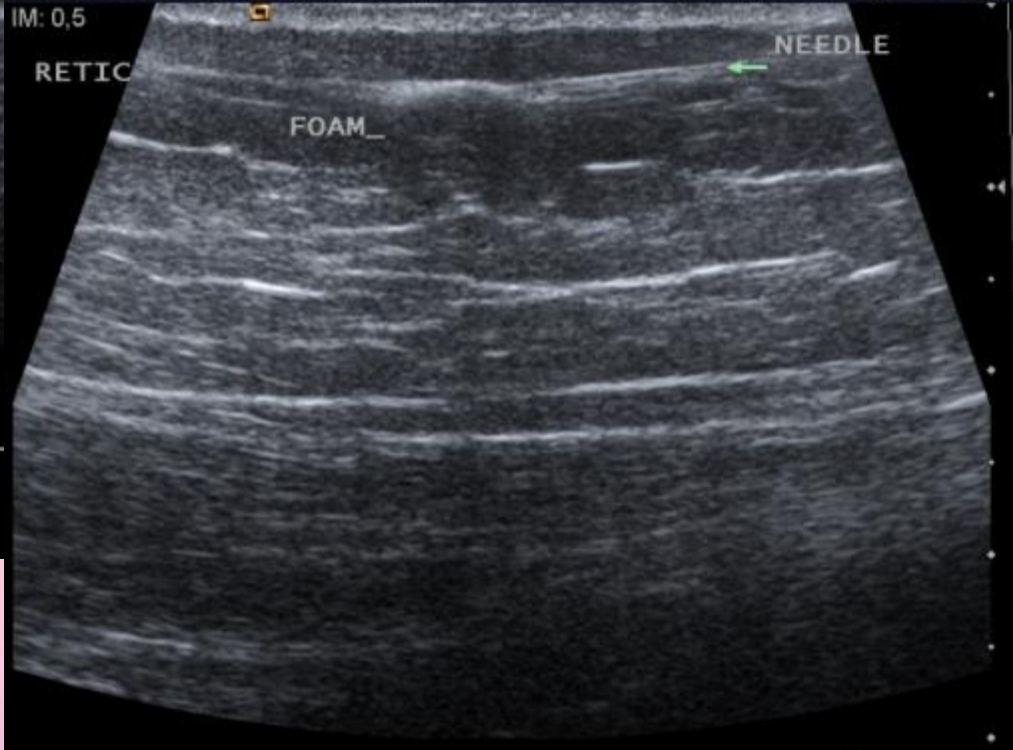
30ips 4cm

Im.340

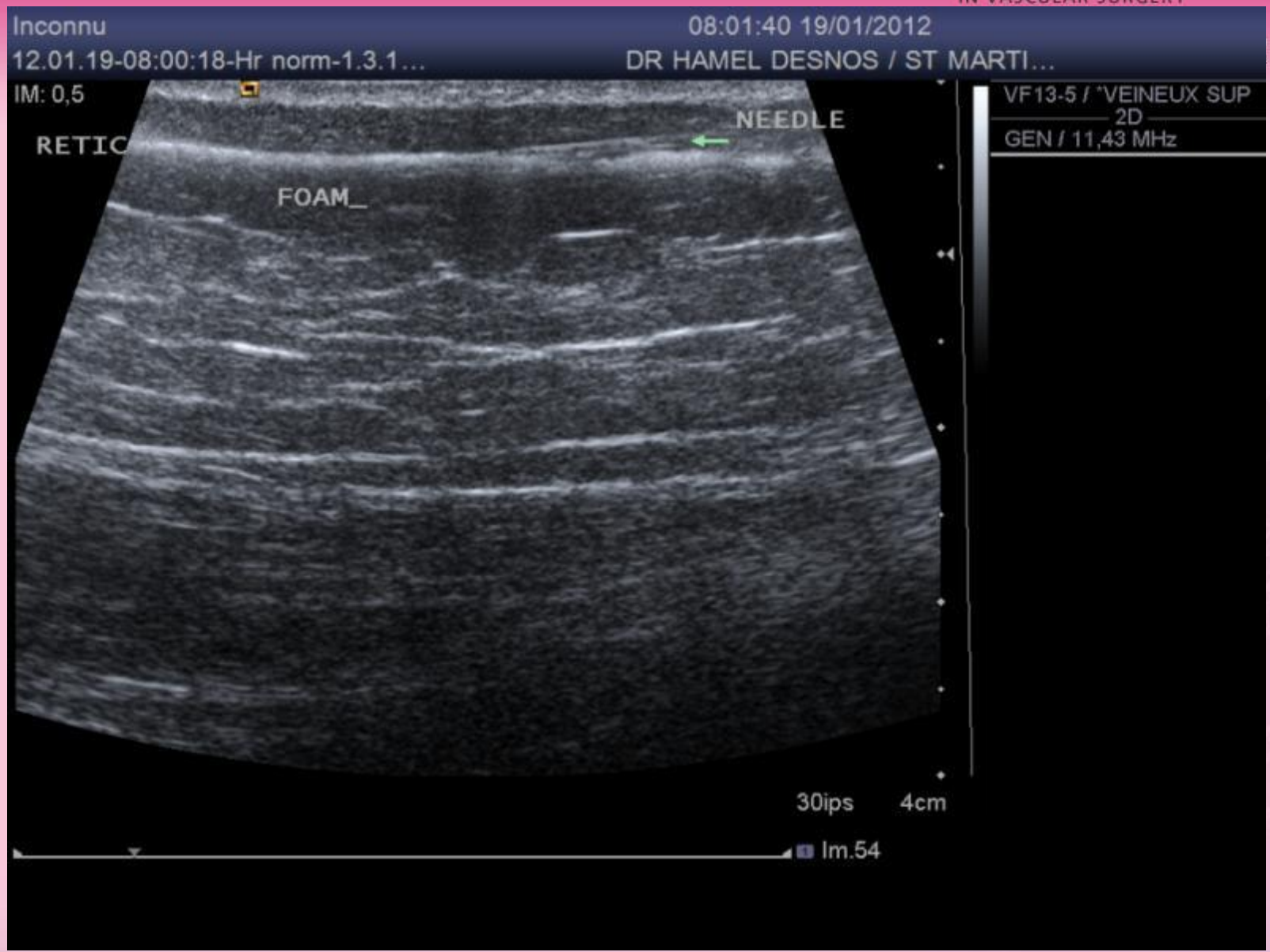
N°5



VF13-5 / VEINEUX SUP
2D
GEN / 11,43 MHz
+D=1,7 mm
×D=4,2 mm



VF13-5 / V
GEN / 11,4

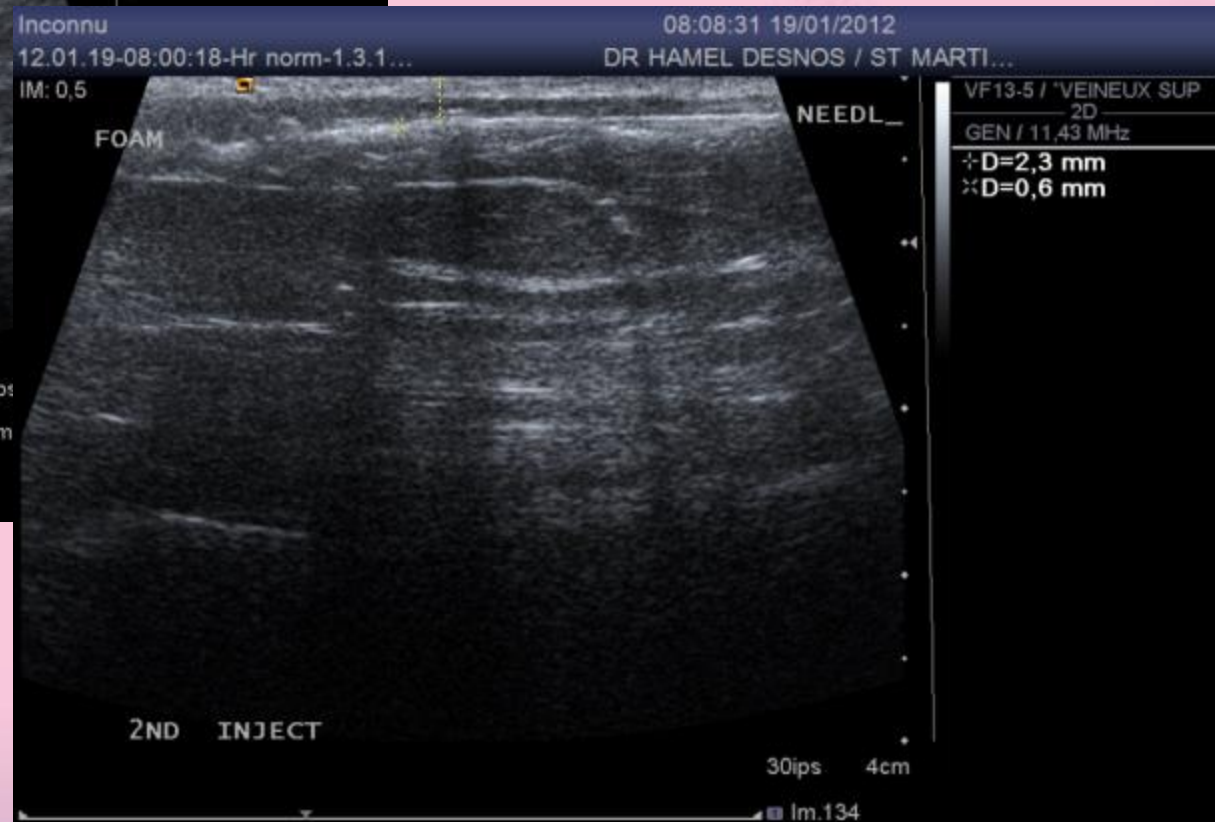
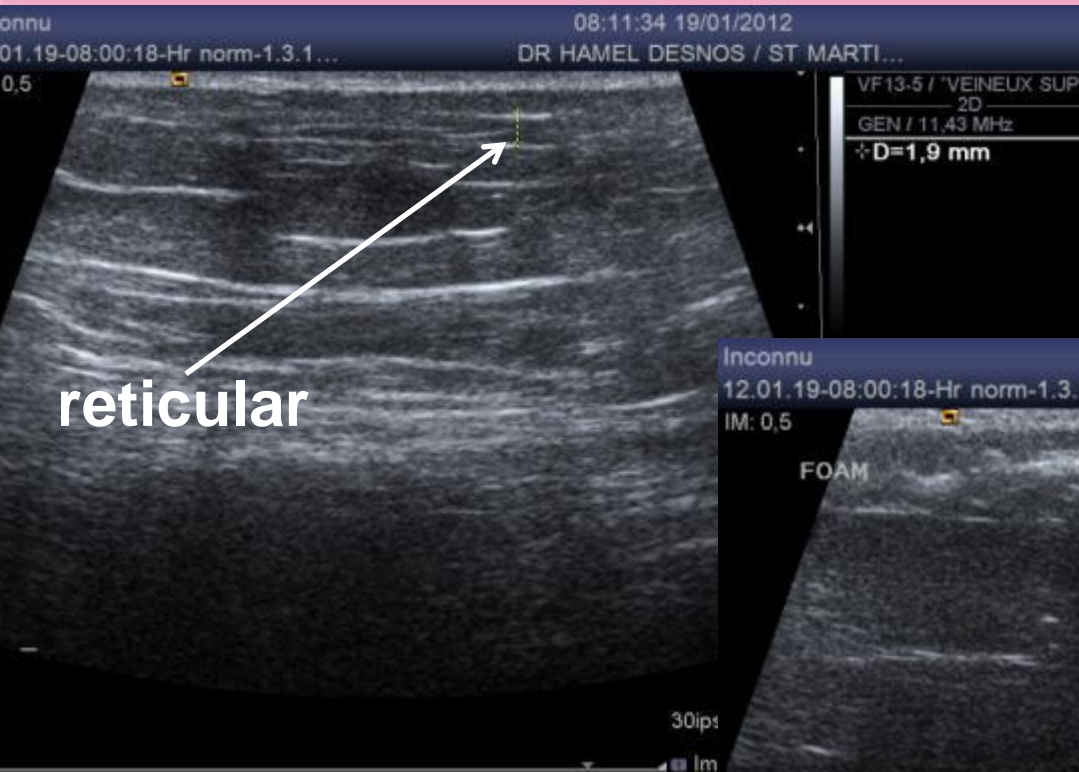


After 1 injection (UGFS)

1st site of injection
UGFS



Second injection (UGFS)

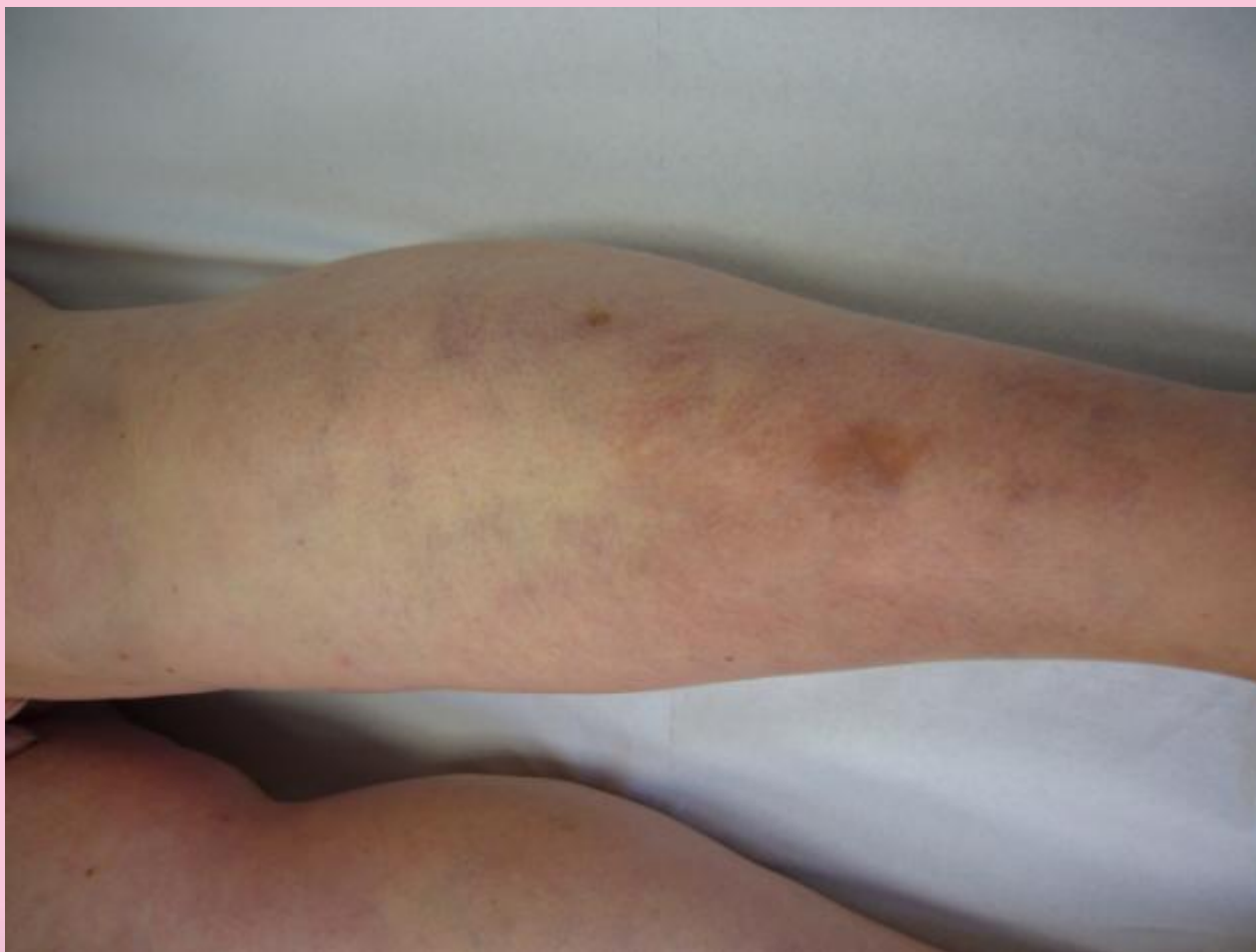




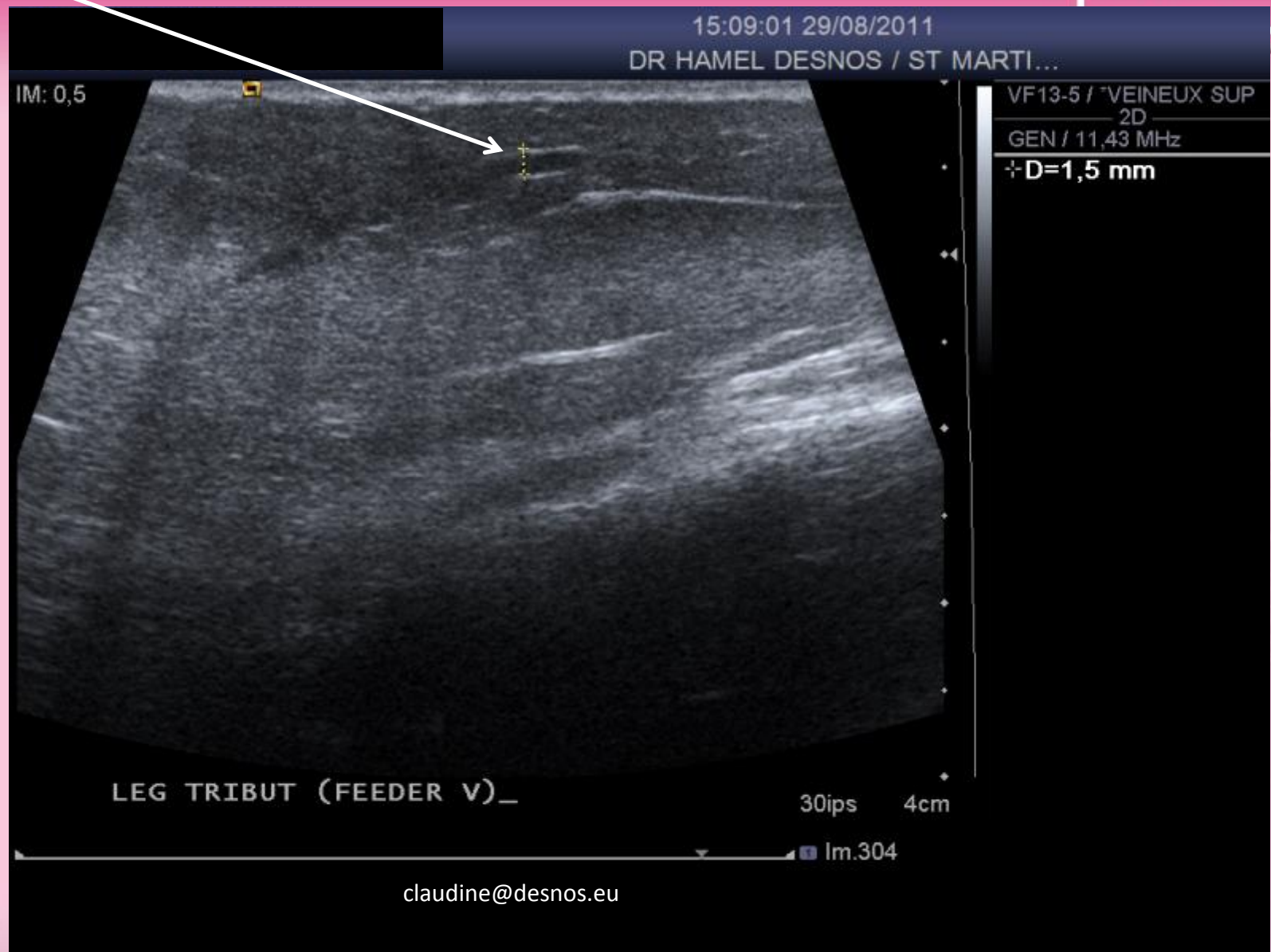
1st injection

2nd injection





Feeder vein





Feeder vein



6W FU



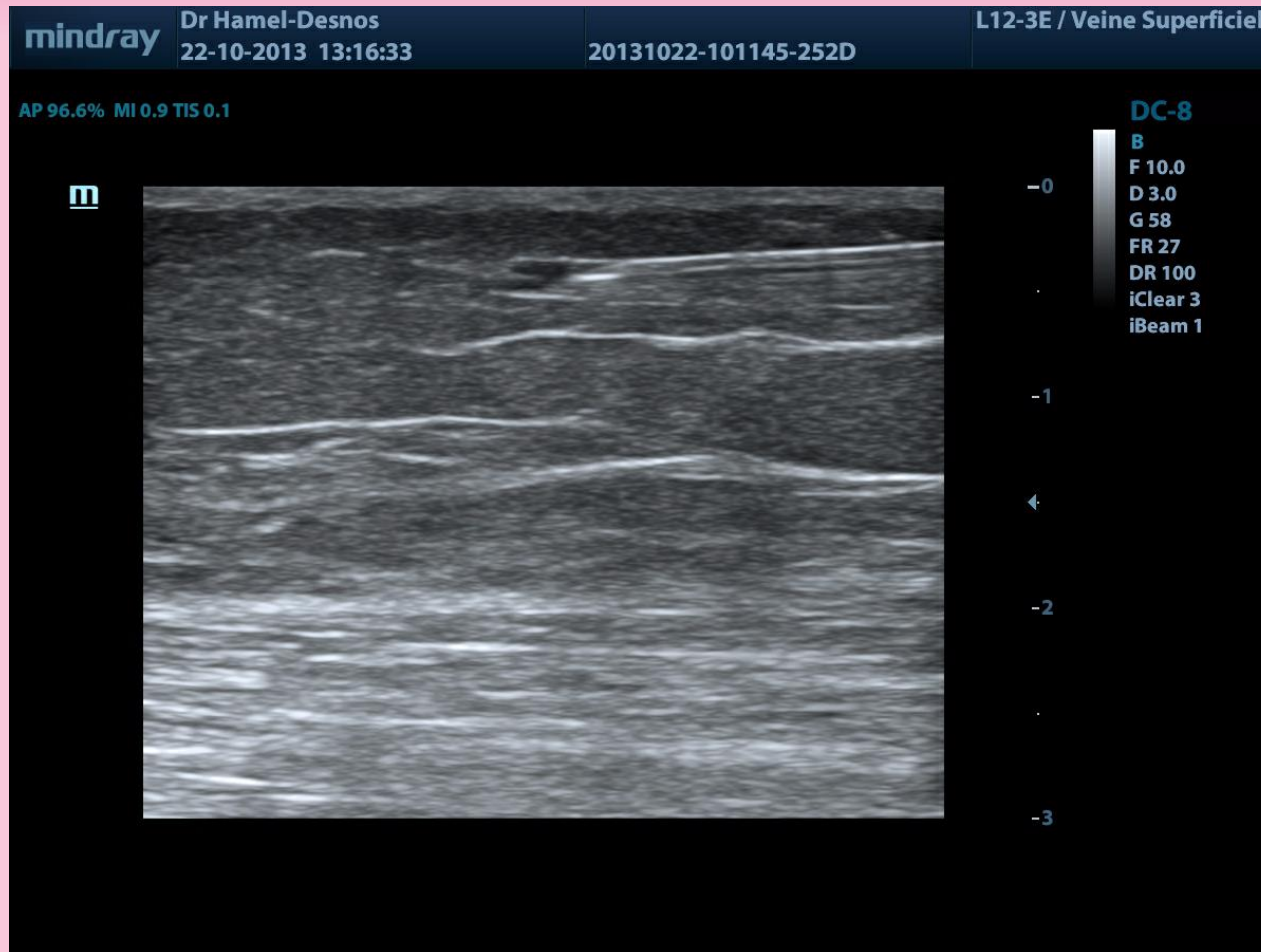
CONCLUSION

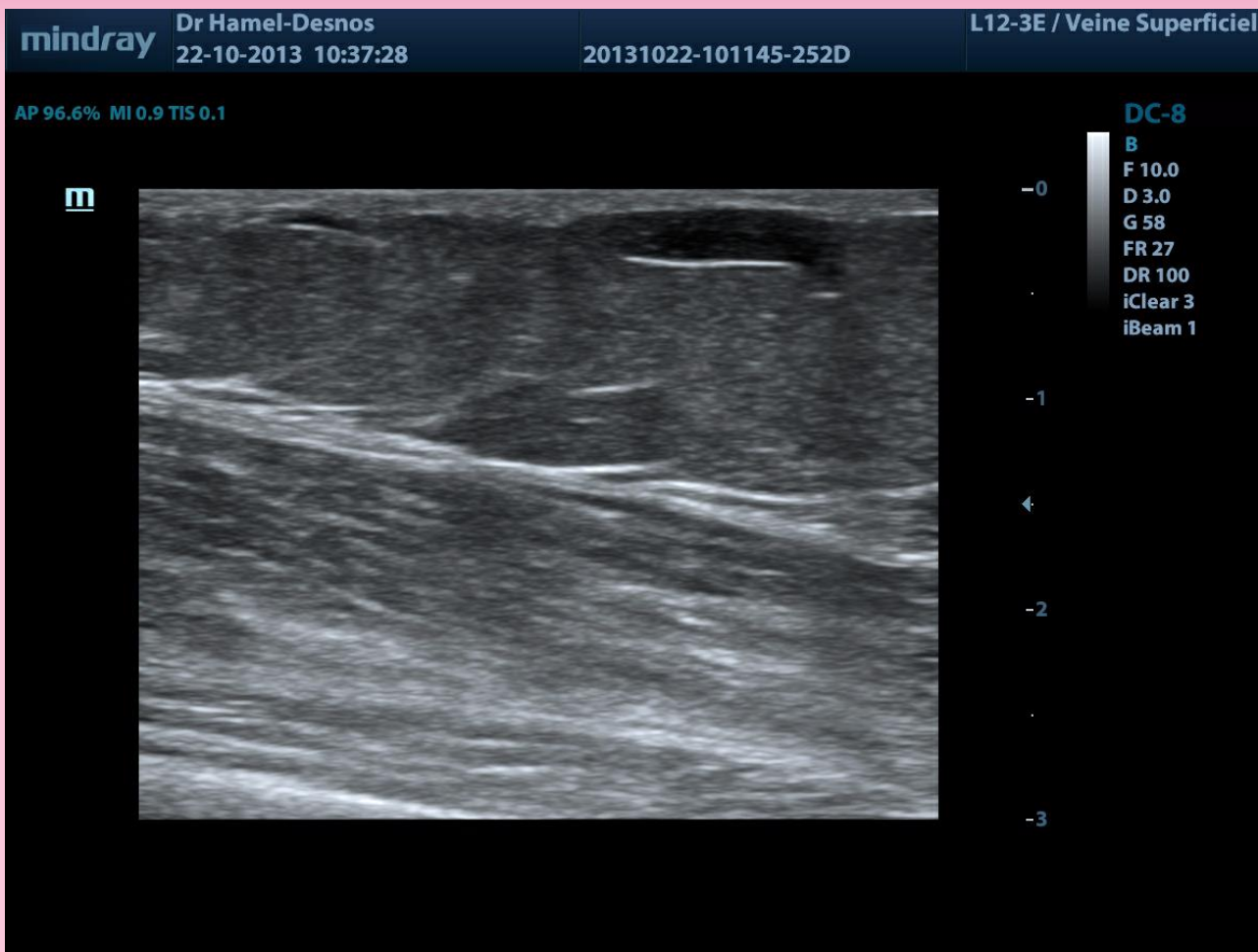
In sclerotherapy treatment,
it is important to know exactly
how to inject but just as
important to know exactly
where to inject

Thank you for your attention



US Guidance





22 Gauge needle, 4 cm in length

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