

PROPHYLAXIS OF NEUROLOGICAL AND VISUAL DISTURBANCES AFTER SCLEROTHERAPY (PROCOMET STUDY)

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DISCLOSURE

Consultant for:

Baldaccilab



IN GENERAL FOAM SCLEROTHERAPY HAS SIMILAR COMPLICATIONS TO LIQUID SCLEROTHERAPY

BUT VISUAL AND NEUROLOGICAL DISTURBANCES ARE MORE FREQUENT



NEUROLOGICAL AND VISUAL DISTURBANCES AFTER LS AND FS

NEUROLOGICAL DISTURBANCES: Forlee, Bush

VISUAL DISTURBANCES:

The frequency of occurrence: 0% - 14 %

average rate: 1.4%

Jia X: Systematic review of foam sclerotherapy for varicose veins, BJS 2007



OUR HYPOTESIS IS THAT VASOACTIVE SUBSTANCES ARE RELEASED AFTER SCLEROTHERAPY FROM THE DAMAGED ENDOTHELIUM



Endothelin 1 and retinal vasospasm

Endothelin and migraine

Endothelin and cerebral ischemia



- Non-ST-elevation myocardial infarction following foam ultrasound-guided sclerotherapy
- A hypothesis of post sclerotherapy release of endothelin-1leading to sustained coronary artery spasmis suggested

R Stephens R Dunn

Phlebology May 3, 2013

doi: 10.1177/0268355513481765



WHY WITH FOAM SCLEROTHERAPY THE INCIDENCE OF VISUAL AND NEUROLOGIC COMPLICATIONS IS HIGHER?

FOAM SCLEROTHERAPY HAS A LONGER AND MORE POWERFUL ACTION ON THE ENDOTHELIUM

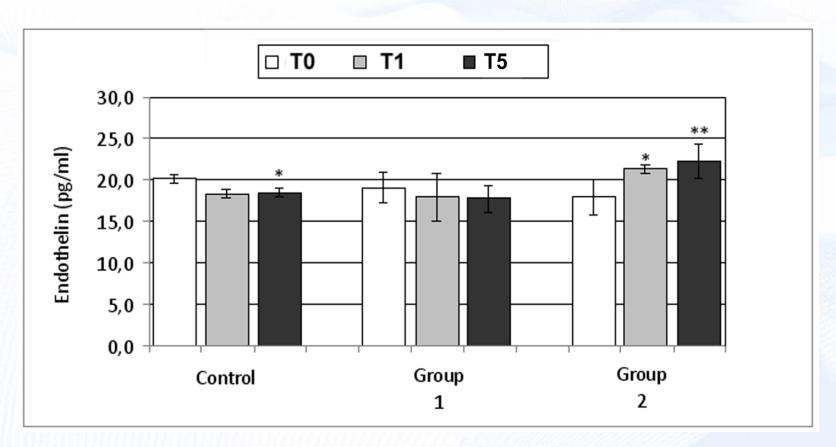


- High production of endothelin after foam sclerotherapy: a new pathogenetic hypothesis for neurological and visual disturbances after sclerotherapy
- A Frullini et al

• Phlebology, August 2011; vol. 26, 5: pp. 203-208. Phlebology

Associazione Flebologica Italiana

Results with POL



- GROUP 1 ESSAY AT 1 AND 5 MINUTES AFTER INJECTION OF POL LIQUID
- GROUP 2 ESSAY AT 1 AND 5 MINUTES AFTER INJECTION OF POL FOAM

* p< 0.05 vs. at T1 / p< 0.01 at T5

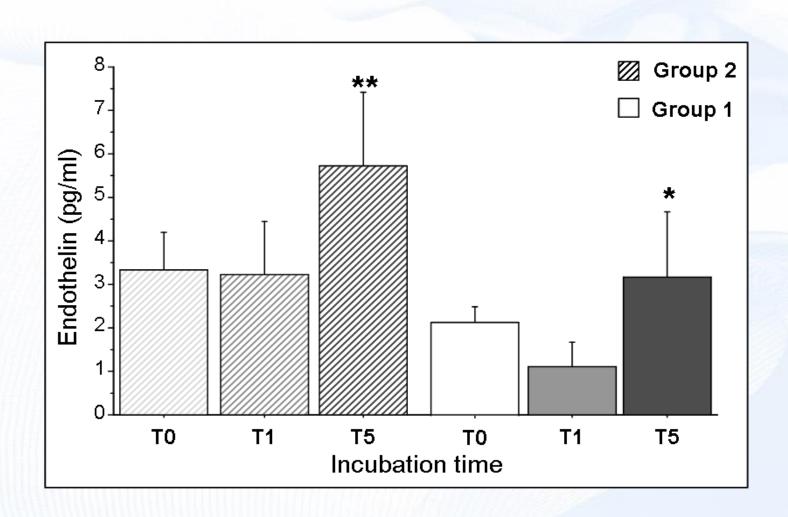


- Significant Endothelin Release in Patients
 Treated with Foam Sclerotherapy
- A.Frullini et al. Dermatologic Surgery
- Volume 38, Issue 5, pages 741–747, May 2012

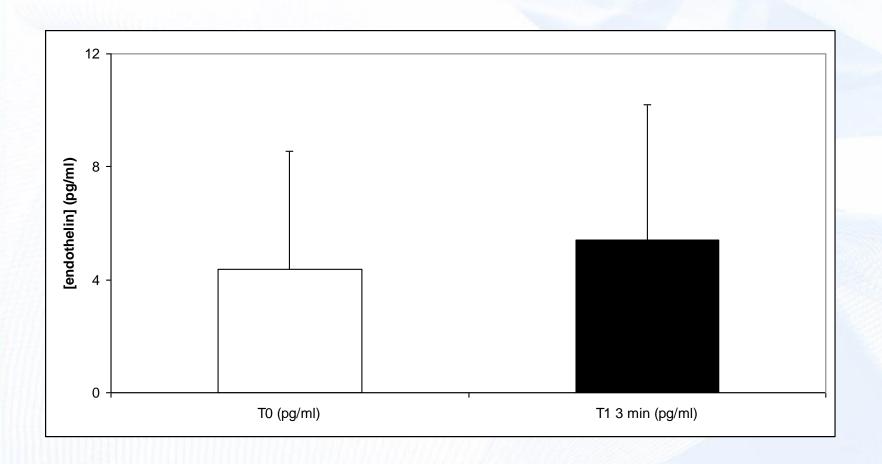


Results with STS





ET 1 after FS in VV patients



T0: 4.35 ± 4.20 pg/ml vs. T1: 5.41 ± 4.79 pg/ml, p < 0.05



 Prevention of excessive Endothelin-1 release in sclerotherapy: in-vitro and in-vivo studies
 A.Frullini et al. Dermatologic Surgery 2014



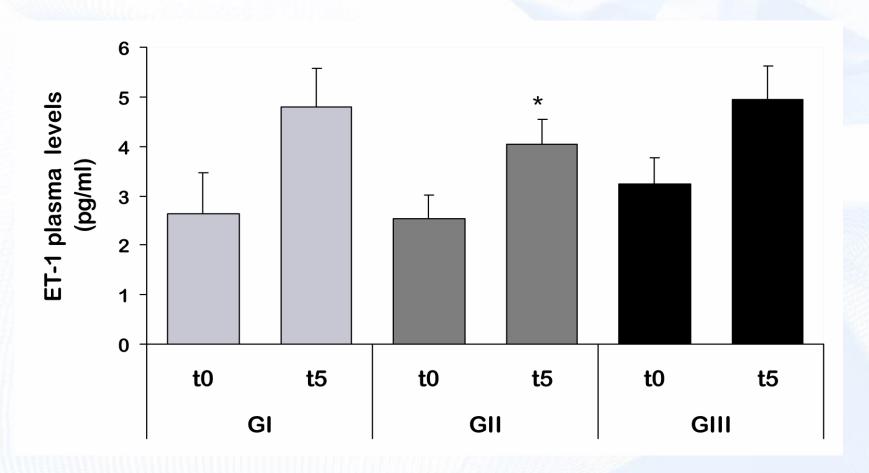


FOAM SCLEROTHERAPY IN RATS WITH ANTI-ENDOTHELIN PRETREATMENT (aminaphtone)

- 3 groups
 - C: control
 - G1: oral AMNA 30mg/kg/die
 - G2: oral AMNA 150mg/kg/die



ET-1 levels after sclerotherapy





Sclerotherapy on HUVEC CELLS:results

After AMNA pre-treatment and POL treatment, <u>ET 1 cellular release was significantly lower after 6 (p<0.01) and 12 hours (p<0.05) in respect to control without AMNA
</u>

200(|\vec{E}| 150|\text{150-}|
| 150| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50| 50-

PRO.COM.ET study



(PROphylaxis COMplications ET 1 related)

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Aims

TO EVALUATE IF PRETREATMENT WITH **AMINAPTHONE (AMNA) WAS ABLE TO** AFFECT THE INCIDENCE OF **NEUROLOGICAL OR VISUAL** DISTURBANCES IN PATIENTS TREATED WITH SCLEROTHERAPY FOR CHRONIC **VEIN DISEASE**



PROCOMET STUDY design

- Retrospective
- Similar protocol for data collection
- Sclerotherapy conducted as usual and according to guidelines
- Aminaphtone is commonly used in venous patients (75mg/bid starting at least 3 days before sclerotherapy)



PROCOMET STUDY

•	TOTAL SESSION	51	642
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TOTAL SESSIONS WITH LIQUID......430

TOTAL SESSION WITH FOAM......1212



PROCOMET STUDY

NUMBER OF PTS

540

(406 AMNA/134 NO AMNA)



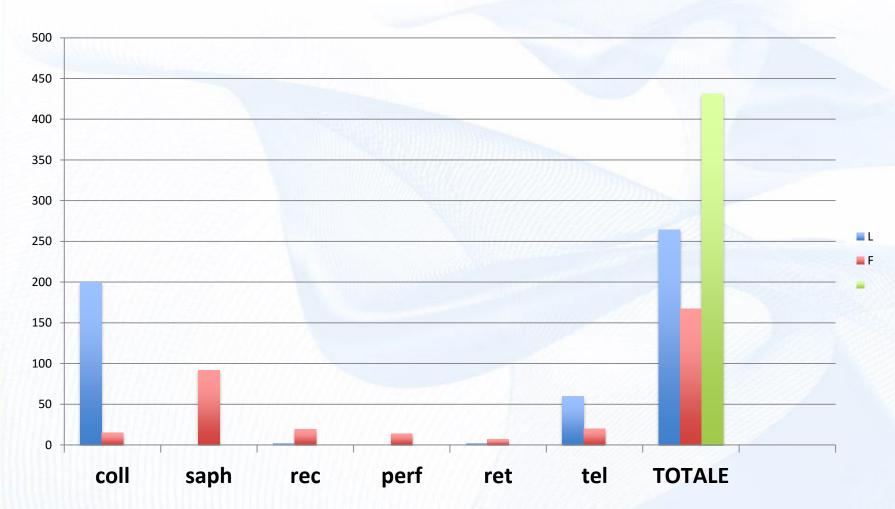
ADVERSE EVENTS

- MIGRAINE
- TRANSIENT VISUAL DISTURBANCE
- TRANSIENT NEUROLOGICAL DISTURBANCE

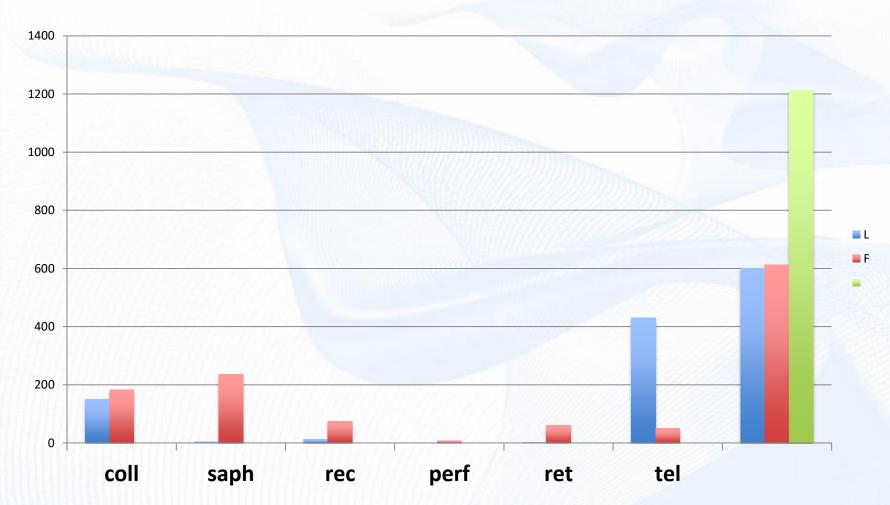


MEAN CONCENTRATION

PROCOMET STUDY And disease distribution NO AMNA

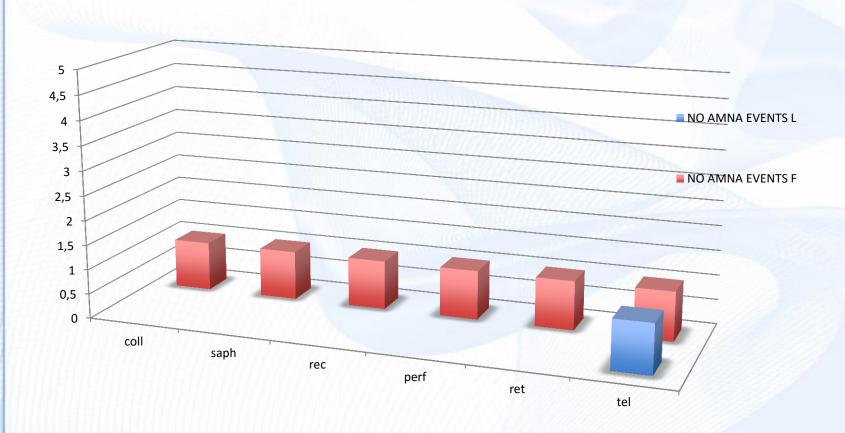


PROCOMET STUDY disease distribution AMNA



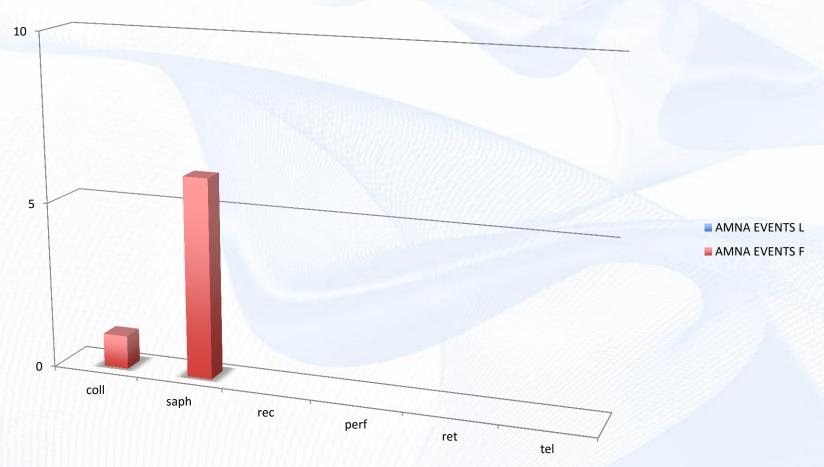
PROCOMET adverse events NO AMNA





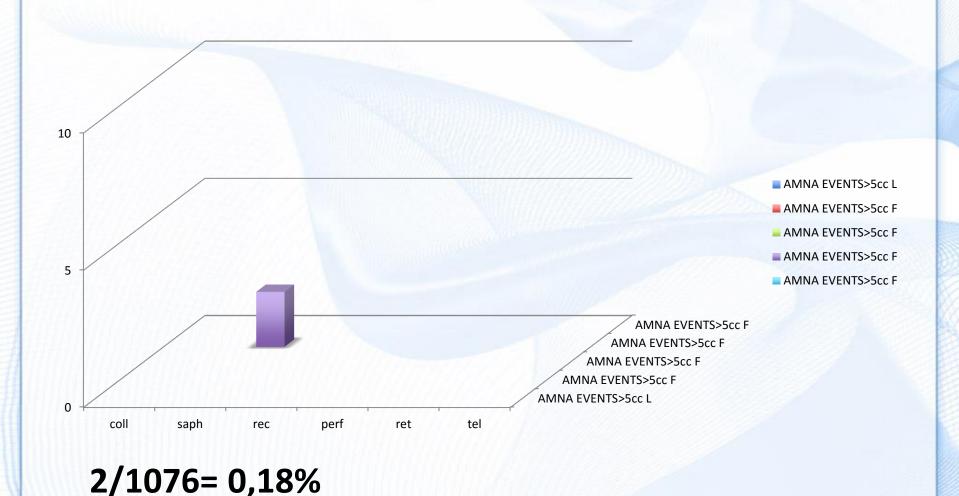
PROCOMET adverse events AMNA





7/1212 = 0,57%

PROCOMET adverse events AMNA <5cc foam



PROCOMET adverse events **TOTAL**



NO AMNA PROPHYLAXIS

1,62%

AMNA PROPHYLAXIS

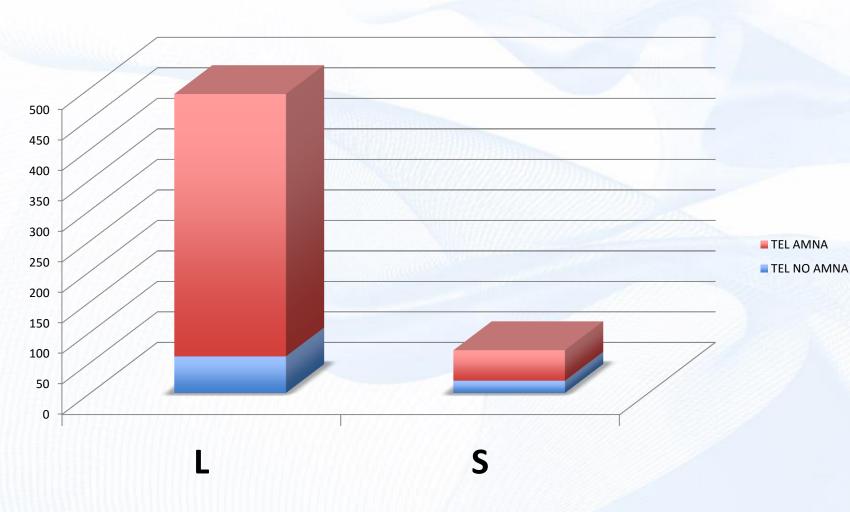
0,57%

AMNA PROPHYLAXIS > 5CC foam
 p=NS

0,18%

PROCOMET TELEANGECTASIAS





PROCOMET TELEANGECTASIAS



• NO AMNA PROPHYLAXIS 2,43 % VISUAL OR NEUROLOGIC ADVERSE EVENTS

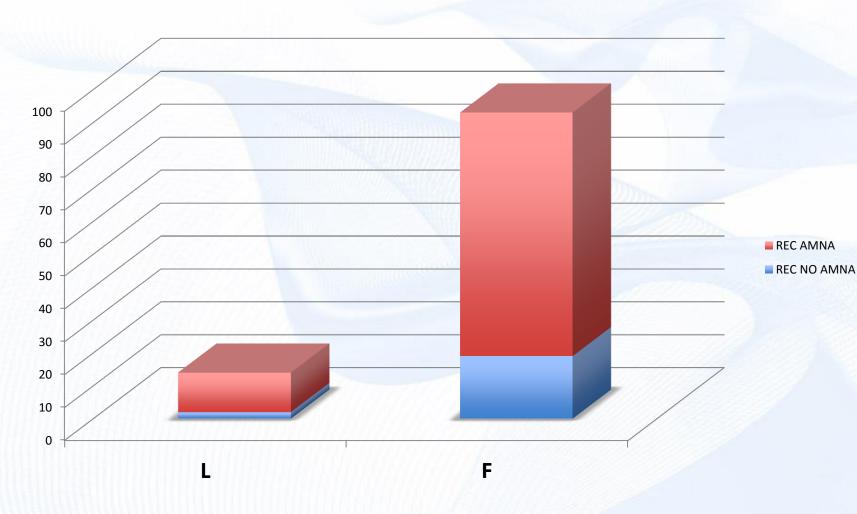
AMNA PROPHYLAXIS

0%

p = 0,02

PROCOMET RECURRENCIES





PROCOMET RECURRENCIES

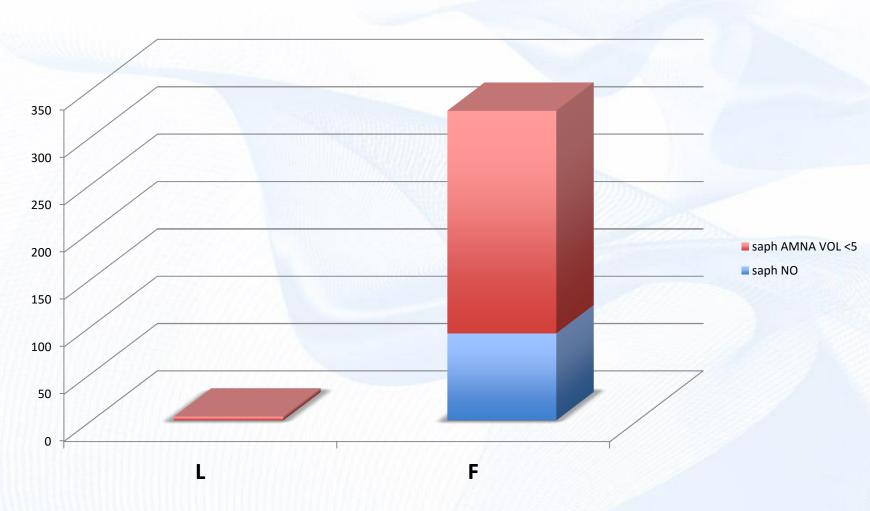


NO AMNA PROPHYLAXIS
 ADVERSE EVENTS 4,7%

AMNA PROPHYLAXIS 0%p=NS

PROCOMET SAPHENS





PROCOMET SAPHENS < 5 cc foam



NO AMNA PROPHYLAXIS

adverse events

1,08%

AMNA PROPHYLAXIS

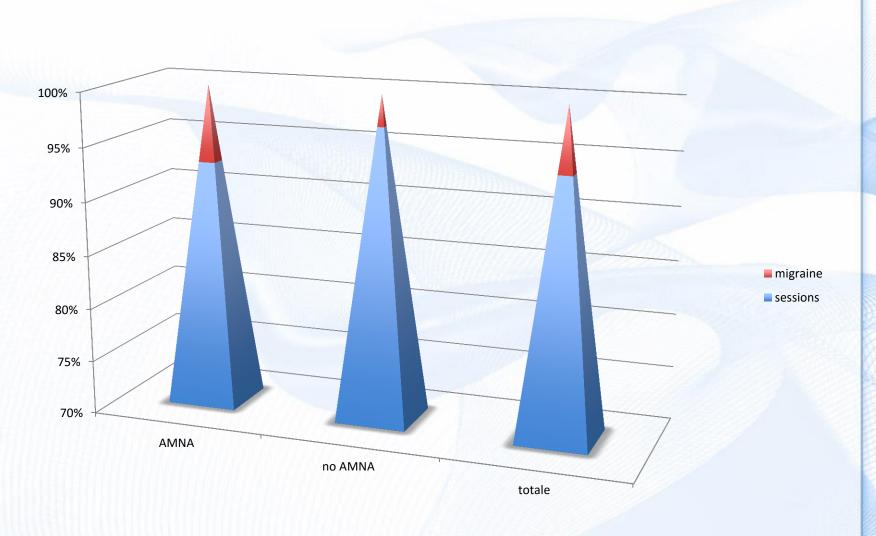
Adverse events

0,95%

-Statistically NS



Complications & headache





Complications & headache

NO AMNA

PERCENTAGE OF SESSIONS IN HEADACHEPATIENTS 3,0%

AMNA

PERCENTAGE OF SESSIONS IN HEADACHEPATIENTS 7,6%



Complications & headache

• <u>NO AMNA PROPHYLAXIS IN HEADACHE</u> PATIENT:

38,4 % PROBABILITY ADVERSE EVENT

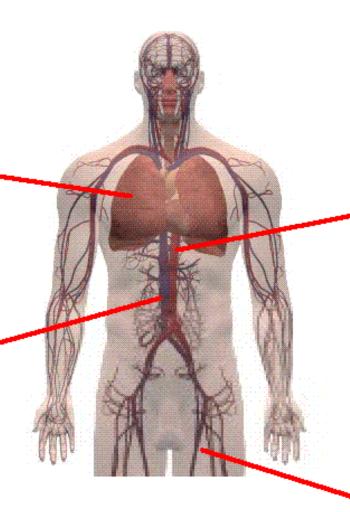
• AMNA PROPHYLAXIS IN HEADACHE PATIENT:

3,2% PROBABILITY ADVERSE EVENT

p=0,002

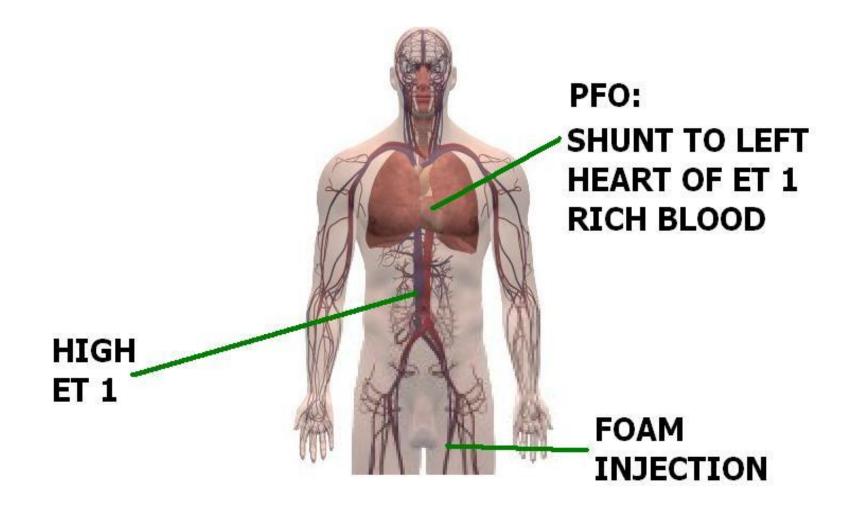
NO PFO ET 1 TO-LUNGS

HIGH. ET 1



LOW ET 1
SYSTEMIC
CIRCULATION

FOAM INJECTION





MICRO-BUBBLES COULD NOT BE THE CAUSE OF SUCH COMPLICATIONS



AMINAPHTONE SIGNIFICANTLY REDUCE THE RISK OF **NEUROLOGICAL AND VISUAL DISTURBANCES DURING SCLEROTHERAPY OF TELEANGECTASIAS**



AMINAPHTONE PROTECTS
MIGRAINE PATIENTS FROM
NEUROLOGICAL AND VISUAL
DISTURBANCES WHEN
SUBMITTED TO SCLEROTHERAPY



- THERE IS AN INTERESTING TREND IN PROTECTION FROM VISUAL AND NEUROLOGICAL COMPLICATIONS FOR LARGER VEINS SCLEROTHERAPY
- A STUDY WITH A LARGER NUMBER OF SESSIONS IS REQUIRED IN ORDER TO CONFIRM THIS DATA



THERE IS A TREND FOR BETTER SAFETY OF <5 CC VOLUMES OF FOAM



IN CONSIDERATION OF THE EXCELLENT SAFETY PROFILE OF AMINAPHTONE SUCH PROPHYLAXIS IS NOW USED IN MY PRACTICE OF SCLEROTHERAPY

