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**Ligation of the saphenofemoral junction tributaries as risk factor for groin recurrence.**

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**Abstract**

**OBJECTIVE:**

The aim of this study was to compare the recurrence rate after high ties performed with or without sparing of the saphenofemoral junction tributaries.

**METHODS:**

There were 867 lower limbs enrolled. All patients underwent a high tie with (group A) or without (group B) ligation of all the junctional tributaries for a great saphenous vein reflux (C2-5EpAsPr). A duplex ultrasound examination detected recurrences.

**RESULTS:**

Median follow-up was 5 years (interquartile range, 3-8 years). Group A had a higher recurrence rate than group B (odds ratio, 7.52; P < .001). Group A recurrences (7.4%), compared with group B (1.1%), presented with a more frequent direct stump reconnection (3.7% vs 0.2%; P < .001) or newly developed pelvic shunts (3% vs 0.5%; P < .001). No significant difference was reported between the two groups in newly incompetent perforating veins.

**CONCLUSIONS:**

Ligation of the junctional tributaries is associated with a higher recurrence risk. Further investigations are needed to determine the hemodynamic role of each single junctional tributary.

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