

Re: 'Editor's Choice – Management of Chronic Venous Disease: Clinical Practice Guidelines of the European Society for Vascular Surgery (ESVS)'

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DOI: <http://dx.doi.org/10.1016/j.ejvs.2016.04.025>

About CHIVA and ESVS guidelines 2015

Regarding the management of chronic venous disease published on EJEVS (1), the guidelines

state “The most serious limiting concerns in both studies were how “failure” by recurrence was defined: it is unclear if the presence of visible recurrent varicose veins or the presence of refluxing veins during the DUS evaluation or both were considered to define the failure of the treatment”. This statement is inaccurate and needs to be updated. The quoted RCTs (2,3) clinically visible varicose veins were evaluated at 5 and 10 years follow-up, independently of the

flow direction, according to Hobbs score: a validated evaluation score in RCTs.(4)The comparison

among stripping and CHIVA (3) pointed out different reflux networks.

Whenever the great saphenous vein (GSV) was spared, just newly formed leaking points of reflux were found along the GSV. In case of GSV ablation, incompetent perforating veins or not- Doppler detectable leaking points were found: a consequence of the GSV lacking drainage. This observation justifies the overlapping outcome in terms of recurrences at 3 years, with a progressive better outcome in the CHIVA group along the following years.

Two important references are not cited in this review: a RCT 5 and a Cochrane review. (6)

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