



Letter regarding embolization is not essential in the treatment of leg varices due to pelvic venous insufficiency

Dear Sir,

I read with interest the review by Rabe and Pannier “Embolization is not essential in the treatment of leg varices due to pelvic venous insufficiency”.¹

The authors have presented their opinion made on a very small body of evidence and, indeed, have stated that “Randomized comparative studies comparing embolization of incompetent pelvic veins and sclerotherapy of VV with pelvic origin should be performed” which would have been a very reasonable conclusion.

However, the title is didactic, as is the conclusion, leaving the casual reader in no doubt that embolization is not essential in these cases – a certainty which is not supported by the evidence reviewed.

Our own published data show that recurrent varicose veins of the legs are associated with untreated pelvic venous reflux in approximately a third of females who have had pregnancies and not had hysterectomy, indicating that pelvic reflux needs to be abolished to prevent recurrent leg varicose veins.² We have also published the long-term outcomes of pelvic vein embolization with coils showing good long-term outcomes in terms of ablation of the target vein and reduction of pathological reflux.³

In contrast, the authors seem to favour foam sclerotherapy based on a case report with only six months follow-up and a series of 59 cases with no defined follow-up. Randomised studies have shown that over five years, ultrasound-guided foam sclerotherapy has a high re-canalisation rate in the great saphenous vein,^{4,5} and it would seem highly probably the same will be found in the pelvic veins when longer term studies are performed. Hence it is likely that, as in the GSV, foam sclerotherapy will be inferior in the long term to physical ablation – embolisation coils in this case.

This recanalization flowing foam would seem to be even more likely when the mechanism of sclerotherapy is considered and its poor effect in thicker walled veins.⁶

In view of the small amount of published evidence in this area and also other conflicting evidence presented here, the authors might have been advised to have been less didactic in their title and conclusion. On current evidence, embolisation may well be essential in these patients.

References

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