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

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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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