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Editor's Choice – Management of Chronic Venous Disease: Clinical Practice Guidelines of the European Society for Vascular Surgery (ESVS)^{2,3}

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Regarding the management of chronic venous disease published in 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 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. In the quoted randomized controlled trials (RCTs),^{2,3} clinically visible varicose veins were evaluated after 5 and 10 years follow up, independently of the flow direction, according to validated evaluation score in RCTs.⁴

The comparison between stripping and conservative hemodynamic correction of venous insufficiency (CHIVA)³ pointed out different reflux networks. Whenever the great saphenous vein (GSV) was spared, newly formed leaking po

ere found along the GSV. After GSV ablation with or without incompetent perforating veins, Doppler detectable leaking points were found, a consequence of the GSV lacking drainage. This observation justifies the overlapping outcomes at 3 years, with a progressive better outcome in the CHIVA group in the following years.

Two important references are not cited in this review: a RCT⁵ and a Cochrane review.⁶

References

Ansari, A.H. Davies, N. Bækgaard, R. Broholm, A. Cavezzi, S. Chastanet, et al., European Society for Vascular Surgery, Editor's Choice – Management of chronic venous disease: clinical practice guidelines of the European Society for Vascular Surgery (ESVS), *Eur J Vasc Endovasc Surg* **49** (6), 2015, 678–737.

Ansari, J. Juan, R. Tellez, A. Mata, C. Moreno, F.X. Quer, et al., Varicose vein surgery: stripping versus the CHIVA method: a randomized controlled trial, *Ann Surg* **251**, 2010, 624e31.

Ansari, C. Mari, M. De Palma, M.G. Marcellino, C. Cisno, A. Legnaro, et al., Varicose vein stripping vs haemodynamic correction (CHIVA): a long term randomised trial, *Eur J Vasc Endovasc Surg* **35**, 2008, 230–237.

Ansari, Surgery and sclerotherapy in the treatment varicose veins: a 6-year random trial, *Arch Surg* **109**, 1974, 793–796.

Ansari-Ortega, E. Barjau-Urrea, R. Vila-Coll, H. Ballon-Carazas and M.A. Cairols-Castellote, Estudio comparativo de dos tecnicas quirurgicas en el tratamiento de las varices de las extremidades inferiores: resultados tras cinco anos de seguimiento, *Angiología* **58**, 2006, 459–468.

Ansari-Montoya, J.M. Escribano, J. Dilme and M.J. Martinez-Zapata, CHIVA method for the treatment of chronic venous insufficiency, *Cochrane Database Syst Rev* **7**, 2013;3, CD009648.

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