Concluzii. EVLA a VSM este o metoda efectiva de tratament al maladiei varicoase si a insuficientei venoase cronice. Aspectele tehnice ale procedeului reprezinta un subiect pentru ulterioarele cercetari cu scop de optimizare si standardizare.

FIRST EXPERIENCE OF ENDOVENOUS LASER ABLATION

Introduction. Minimally invasive ablative techniques designed for treatment of varicose veins and chronic venous insufficiency are gaining in popularity, endovenous laser ablation (EVLA) being the front runner in the "endovenous revolution". The aim of study is a critical analysis of technical peculiarities, periprocedural management and early results of EVLA in patients with varicose veins of lower limbs. Methods. Our initial experience includes 26 patients, treated with EVLA of the great saphenous vein (GSV). Among these 5 (19,2%) were men, median age – 42,2 years. According to the CEAP classification all patients were catalogued as C2s-6; Ep; As, s,p; Pr. Extension of saphenous reflux according to the Hach's classification: type II – 15 (57,7%), type III – 8 (30,8%), types III and IV – 3 (11,5%) cases. Results. The majority of interventions - 86,9%, were performed under tumescent local anesthesia. In 6 cases the short term general anesthesia was applied due to the pain sensation during procedure. The attempt of puncture introduction of laser fiber was successful in 18 (69,2%) patients, in remaining cases the open access to the GSV was performed. The crossectomy was avoided in all cases. Continuous duplex-ultrasound monitoring was used during all steps of treatment. Additional interventions were performed simultaneously with EVLA in 9 (34,6%) cases: Muller's phlebectomy - 2, sclerotherapy - 3, thermal/chemical ablation of incompetent perforators - 4. Duplex scanning at day 7 and one month postoperatively showed the occlusion of GSV in 25 (96,1%) cases. Conclusion. The EVLA of GSV is an effective method for treatment of varicose veins and chronic venous insufficiency. Technical aspects of procedure should be a subject of further research with aim of optimization and standardization.

B23

TRATAMENTUL RECURENTEI MALADIEI VARICOASE CAUZATE DE FENOMENUL NEOVASCULARIZARII INGHINALE

Casian D., Culiuc V., Zaporojan A., Maloghin V.

Catedra Chirurgie Generala, USMF "N. Testemitanu", Chisinau, Moldova

Introducere. Refluxul venos patologic in regiunea jonctiunii safeno-femurale deconectate anterior este o cauza tipica a recurentei postoperatorii a maladiei varicoase. Erorile tehnice si fenomenul de neovascularizare sunt responsabile in masura aproape egala pentru reaparitia refluxului. Scopul studiului este analiza comparativa a diferitor modalitati de tratament al varicelor recidivante la nivelul coapsei cauzate de fenomenul neovascularizarii. Metode. Examenul duplex ultrasonor al pacientilor spitalizati cu recurenta varicelor in regiunea superioara a coapsei a determinat prezenta neovascularizarii inghinale ca sursa de reflux in 19 cazuri. Timpul mediu de la operatie – 45,6 luni. Au fost stabilite urmatoarele tipuri de neovascularizare conform clasificarii Fisher: tipul B2a – 6 (31,5%); B2b – 9 (47,3%); B2c – 4 (21%) cazuri. Rezultate. Trei variante de tratament au fost utilizate: scleroterapia cu spuma – 4, excizia varicelor cu anestezie infiltrativa – 12 si disectia repetata in regiunea inghinala cu excizia venelor dilatate in zona jonctiunii safeno-femurale – 3 cazuri. Toate sedintele de scleroterapie s-au complicat cu tromboflebita, cauzata de imposibilitatea realizarii unei compresii adecvate in treimea superioara a coapsei. Disectia inghinala repetata consuma mult timp (durata medie a operatiei – 143 min.) datorita procesului cicatriceal pronuntat, iar intr-un caz a fost asociata cu lezarea venei femurale rezolvata prin aplicarea suturii laterale. In lotul cu excizia varicelor subcutanate complicatii nu au fost inregistrate. Insa, la un pacient cu tipul B2c de neovascularizare la duplex-ul postoperator s-a determinat persistenta refluxului venos in regiunea inghinala. Concluzii. Excizia venelor subcutanate dilatate de la nivelul coapsei cu anestezie infiltrativa este metoda de electie in tratamentul recurentei maladiei varicoase cauzate de fenomenul neovascularizarii. Disectia inghinala repetata trebuie rezervata pentru venele nou-formate de calibru mare.

TREATMENT OF RECURRENT VARICOSE VEINS CAUSED BY PHENOMENON OF INGUINAL NEOVASCULARIZATION

Introduction. Pathological venous reflux in the region of previously disconnected sapheno-femoral junction is a typical cause of varicose veins recurrence after surgery. Technical failure and phenomenon of neovascularization either are responsible for reappearance of reflux with near equal frequency. The aim of study is a comparative analysis of various treatment modalities for recurrent thigh varicose veins caused by phenomenon of neovascularization. Methods. Duplex ultrasound examination of the patients, admitted to the department of surgery with recurrent varicose veins in the upper thigh, revealed the inguinal neovascularization as a source of reflux in 19 cases. Mean time interval from surgery – 45,6 months. There were the following types of neovascularization according to the Fisher classification: type B2a – 6 (31,5%); B2b – 9 (47,3%); B2c – 4 (21%) cases. Results. Three types of treatment were used: foam sclerotherapy – 4, superficial varicose veins avulsion under tumescent anesthesia – 12 and redo inguinal surgery with excision of dilated veins at the sapheno-femoral region – 3 cases. All sclerotherapy treatments were complicated with thrombophlebitis due to inability to provide the adequate compression in the upper thigh region. Redo surgery in the inguinal region was time consuming (mean operating time – 143 min.) due to significant scarring and in one case was associated with inadvertent injury of femoral vein repaired by lateral suture. There were no complications in the group with avulsion of subcutaneous varicose veins. However, in one patient with type B2c neovascularization the persistence of inguinal reflux was determined by postoperative duplex ultrasound. Conclusion. Avulsion of dilated subcutaneous thigh veins under tumescent anesthesia is a method of choice in the treatment of varicose veins recurrence caused by phenomenon of neovascularization. The inguinal redo surgery should be reserved for cases with large diameter of the new-formed veins.
