Concomitant Truncal Venous Incompetence And Lymphedema: To Ablate Or Not To Ablate?

P. Pittaluga, S. Chastanet

**Introduction**

- **Association of primary LDA - VVs**
  - Rare: lymphedema-discitiasis syndrome
  - Mutation gene FOXC2: deep /superf CVI (valvular hypoplasia)
  - Bilateral, young patient male & female

- **Secondary LDA**
  - More frequent: pre-existing to truncal reflux
  - Provoked LDA (cancer, treatment, infection,...)
  - More frequently unilateral, predominantly female

**Expected benefit of truncal reflux treatment**

- **Lymphedema is not really painful**
  - Heaviness, discomfort
  - Pain -> truncal reflux/VVs

- **Expected benefit**
  - Cosmetics
  - Avoid worsening of CVI
  - Symptoms release
  - Reduction of volume of the leg

**Literature: contradictory**

- **Foldi N & al. Lymphology 2000;33:167-71**
  - 221 patients with LDA or LPA-LDA treated by high-ligation/stripping
  - Worsening 71%, Improvement 1%, no change 28%

- **Fischer R & al. Phlebologie 1991;20:9-13**
  - "subjective symptoms" improvement in 74-83% after high-ligation/stripping
  - Risk of erysipelas
  - Worsening in 7%
**Which risk? Which patient?**

- Patients clearly at risk for LDA worsening
  - Secondary LDA
  - Any kind of gesture on limbs may lead to a LDA worsening
  - Even in absence of strong evidence -> medico-legal issue +++

- Patients without clear risk factor of LDA worsening
  - Absence of history at risk of secondary LDA
  - The existence of a mild LDA might fear a decompensation of a hidden lymphatic trouble
  - Lack of data in literature to appreciate this risk

---

**Effect of truncal reflux treatment on lymphatics**

Most of the studies concern HL & stripping @ short term

- **Van Bellen B Surgery 1977:**
  - Interruption of lymphatic channels on lymphography in all cases in postop

- **Timi JR. Eur J Lymphol Relat Probl 1999:**
  - Abnormalities on lymphoscintigraphy after VVs surgery in 60% at short-term

---

**Which technique to choose?**

- 33 patients with VVs included in a RCT EVLA vs cryostrip.
  - Peace lymphoscintigraphy normal in all cases
  - At 6 months:
    - No lymphatic complication in the EVLA group
    - 1 patient in cryostripping group has developed a LDA with lymphoscintigraphic abnormalities
  - Higher risk of LDA with surgery

---

**Effect of truncal reflux Rx on lymphatics**

**Impaired lymphatic function recovered after great saphenous vein stripping in patients with varicose vein: Venodynamic and lymphodynamic results**

- Before and 6 months after stripping in 39 patients with VVs
- Improvement of lymphatic function: transit time significantly improved at lymphography @ 6 months, with improvement of VCSS score

- Higher risk of LDA with surgery
Which technique to choose?

A systematic review and meta-analysis of the treatments of various veins

Which technique to choose?

Lymphatic complications after varicose veins surgery: risk factors and how to avoid them

Which technique to choose?

Lymphatic complications after varicose veins surgery: risk factors and how to avoid them

Which technique to choose?

Lymphatic complications after varicose veins surgery: risk factors and how to avoid them

Which technique to choose?

Lymphatic complications after varicose veins surgery: risk factors and how to avoid them

Which technique to choose?

Lymphatic complications after varicose veins surgery: risk factors and how to avoid them

Which technique to choose?

Lymphatic complications after varicose veins surgery: risk factors and how to avoid them

Which technique to choose?

Lymphatic complications after varicose veins surgery: risk factors and how to avoid them

Which technique to choose?

Lymphatic complications after varicose veins surgery: risk factors and how to avoid them

Which technique to choose?

Lymphatic complications after varicose veins surgery: risk factors and how to avoid them

Which technique to choose?

Lymphatic complications after varicose veins surgery: risk factors and how to avoid them

Which technique to choose?

Lymphatic complications after varicose veins surgery: risk factors and how to avoid them

Which technique to choose?

Lymphatic complications after varicose veins surgery: risk factors and how to avoid them

Which technique to choose?

Lymphatic complications after varicose veins surgery: risk factors and how to avoid them

Which technique to choose?

Lymphatic complications after varicose veins surgery: risk factors and how to avoid them

Which technique to choose?

Lymphatic complications after varicose veins surgery: risk factors and how to avoid them

Which technique to choose?
Which technique to choose?

Concomitant Truncal Venous Incompetence And Lymphedema: To Ablate Or Not To Ablate?

Take home message

① The association truncal reflux – LDA is not frequent

② Treatment of truncal reflux can provoke or make worse a pre-existing lymphedema in rare cases

③ This risk might be increased in context of secondary LDA, obesity, older age and skin changes
Concomitant Truncal Venous Incompetence And Lymphedema: To Ablate Or Not To Ablate?

Take home message

① The association truncal reflux – LDA is not frequent

② Treatment of truncal reflux can provoke or make worse a pre-existing lymphedema in rare cases

③ This risk might be increased in context of secondary LDA, obesity, older age and skin changes

④ The indication of treatment should be clearly validated and the patient properly informed on the risk of worsening

⑤ The mini-invasive techniques appear to be less deleterious but more data are required to confirm this statement

Thank you for your attention