Optimum treatment of venous leg ulcers: what we know now that we didn’t know 5 years ago

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Disclosures
I have the following potential conflicts of interest:
- Consulting / Conferences / Honoraria:
  - Medtronic / Covidien
  - Cook Medical
  - WL Gore
  - Endologix
- Research funding:
  - Laboratoires Urgo

5 years ago (2013)...

Obama second term
Snowden leaks
Arab spring
Death of Thatcher
Death of Mandela

The extent of the problem
The problem is probably far greater than we think

0.3 – 1% prevalence in adults
Age and obesity are significant risk factors for progression to ulceration

Superficial venous ablation
Clear role for prompt superficial venous ablation

A Randomized Trial of Early Endovenous Ablation in Venous Ulceration
Manj G. Gohel, M.D., Francisco Menocal, B.S., Xinjian Liu, Ph.D., Christina Schneeweiss, M.D., Victor J. Pavlovich, M.D., Alice Yang, Ph.D., Joseph H. Mosca, M.D., and Kevin C. O’Connell, M.D.
EVRA trial

Sample size 450 patients (254 healing events)

PRIMARY OUTCOME MEASURE
Time to ulcer healing

EVRA trial

DETAILS OF ENDOVENOUS INTERVENTIONS

Treatment modality and strategy determined by treating clinical team

PRINCIPLES
Ablate incompetent truncal vein
Treat to lowest point of reflux if possible
Continue compression immediately after intervention

EVRA trial

Unadjusted hazard ratio for ulcer healing in Early group:
1.38 (95% CI 1.13 – 1.68) p=0.001

EVRA trial

Deep venous interventions

May not be as important as we think

Extrinsic venous compression

Non-consecutive sample of 250 CT scans
Scans performed for non-venous indications

161/250 (64%) patients had stenosis >50%
72/250 (29%) patients had stenosis >70%

>70% compression in 30.6% of patients
>50% compression in 24% of patients
May Thurner syndrome

THE CAUSE OF THE PREDOMINANTLY SINISTRAL OCCURRENCE OF THROMBOSIS OF THE PELVIC VEINS

R. MAY, M.D., and Z. THURNER, M.D.

“..cicatricial sclerotic transformation of CIV caused by perivenous inflammation due to pressure from without”

EVRA trial

Conclusions

The extent of the problem is probably underestimated

Unequivocal role for prompt endovenous ablation of superficial reflux

Early deep venous stenting probably unjustified in most patients with venous leg ulcers

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