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## Accessory Veins And Their Impact On Recurrence

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## Disclosures


None.




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- The anterior (former accessory) saphenous vein (ASV) is a special anterior tributary of the GSV
- Draining the antero-lateral region of the thigh
- Occurs in 50% of the patients



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- ASV received more attention due to better ultrasound diagnostics and easier treatment option
- Statement regarding the ASV within the ultrasound is always mandatory




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- An incompetent ASV as the reason for reflux is seen in ca. 7- 11%
- The incompetent ASV could harm lots of symptoms - the treatment would be recommended



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But what to do, if only the GSV is incompetent  
+  
the ASV is competent but there?





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The anterior saphenous vein. Part 2. Anatomic considerations in normal and refluxing patients. Endorsed by the American Vein and Lymphatic Society, the American Venous Forum, and the International Union of Phlebology

Alberto Caggiati 1, Nicos Labropoulos 2, Efstathiou Bojic 3, Yasuhisa Urayama 4, Antonino Gaspari 2, Suat Doganci 5, Mark Meissner 6

J VascSurgVenous Lymphat Disord. 2024 May;21(5):101855.



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The anterior saphenous vein normal and refluxing patients and Lymphatic Society, International

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Affiliations + expand  
PMID: 38551527 PMCID: PMC11523314 DOI: 10.1016/j.jvsv.2024.101855

**Abstract**  
**Background:** The term Anterior Accessory of the Great Saphenous Vein suggests this is a branch tributary vein despite this vessel's anatomic features of a truncal vein. A multisocietal group suggested to designate this the anterior saphenous vein (ASV). This study was aimed to evaluate its ultrasound anatomy in normal and varicose limbs.  
**Methods:** The clinical anatomy of the ASV was evaluated by narrative review of the literature. Additionally, the course of the ASV was evaluated in 62 limbs with no evidence of venous disease and 62 limbs with varicosities.  
**Results:** The ASV length, patterns of origin and termination are reported in both normal and patients with varicose veins. Discussion of the patterns is supported by the narrative review of the literature.  
**Conclusions:** The ASV must be considered a truncal vein and its treatment modalities should be the same that for the great and small saphenous veins rather than a tributary vein.  
**Keywords:** Anterior saphenous vein; anterior accessory saphenous vein; clinical anatomy; great saphenous vein; saphenous compartment; varicose vein.  
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After treatment of the great saphenous vein a recurrence occurs predominantly via a residual anterior saphenous vein (ASV)



Recurrence of varicose veins after endovenous ablation of the great saphenous vein in randomized trials  
Thomas F O'Donnell 1, Ethan M Balk 2, Meghan Dermody 3, Erica Tangney 3, Mark D Jafritz 3  
J Vasc Surg Venous Lymphat Disord. 2018 Jan;4(1):97-105.

Five year results of great saphenous vein treatment: an analysis of Hamann's SAS. Giang J, De Maesseneer MGR, Nijsten TEC, van den Bos RR (2017) Eur J Vasc Endovasc Surg 54:760-770



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But even it will occur as a reflux vein in the future, Could we treat a healthy vein?





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The 2023 Society for Vascular Surgery, American Venous Forum, and American Vein and Lymphatic Society Clinical Practice Guidelines for the Management of Varicose Veins of the Lower Extremities.


1.8 Ablation of the AAGSV with no reflux but GSV with reflux (CEAP classes 2-6)

Rarely appropriate



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A multicentre, prospective, controlled, clinical study to evaluate the impact of a synchronous treatment of the anterior accessory saphenous vein for prevention of recurrent varicose veins in patients undergoing thermal ablation of an insufficient great saphenous vein (SYNCHRONOUS-Study)



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**anterior saphenous vein in patients undergoing great saphenous vein thermal ablation- 6 months follow-up data of the SYNCHRONOUS study**

Correa A, Drexler T, Böhm-Horvat F, Kasper-Hermann F, Thomas-Hallgrímsson A, Hain-Christen-Wenzel M, Philipp-Zülkeisen F, Jäger-Wittmann F, Thomas M, Bockelmann S, Grottel-Lenglerer T, Lutz-Köhler F, Markus-Stöckler F, Heidegger-Horner M, Lorenz-Christiansen M, Christian-Müller-Christiansen T

Affiliation: \* e-ispd  
PMID: 3883380 DOI: 10.1177/08850666231217848

**Abstract**  
Background: The SYNCHRONOUS study investigates simultaneous ASV ablation with great saphenous vein (GSV) treatment in endovenous laser ablation (EVA) for preventing varicose vein recurrence. This sub-study examines complication rates associated with prophylactic ASV ablation.  
Methods: Among 1173 patients with refluxing GSV, 504 underwent GSV-only ablation, and 389 received additional ASV ablation. Complication rates were compared over 6 months.  
Results: Approximately 80% of patients were complication-free with minor bruising and dyspareunia being most common complications. After 6 months, additional prophylactic ASV ablation did not increase the rate of complications compared to GSV-only treatment.  
Conclusions: The 6-month follow-up data suggests that prophylactic ASV ablation, alongside GSV-treatment, is safe, with similar complication rates to GSV-only EVA.  
Keywords: Endovenous laser ablation; anterior saphenous vein; chronic venous insufficiency; prophylactic; endovenous laser ablation; great saphenous vein safety; simultaneous ablation; varicose veins.

Conflict of interest statement  
Declaration of conflicting interest: The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.



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**TALK!**



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**Personal Algorithm**

I would like my ASV to be treated

