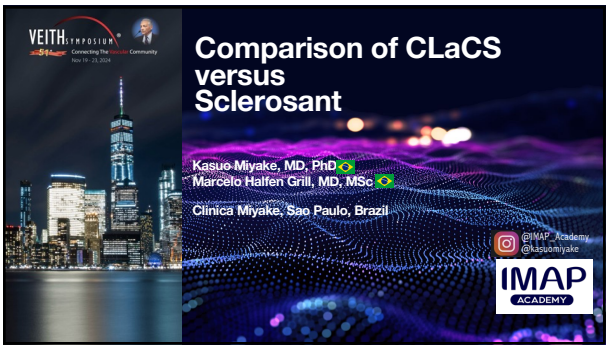
VEITH SYMPOSIUM
Comparison of CLaCS versus Sclerosant
Kasuo Miyake, MD, PhD
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Disclosure: No Conflict of Interest
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Concentrated sugar kills cells: D75
ARTIGO ORIGINAL
Pesquisa sobre escleroterapia líquida em varizes dos membros inferiores
Survey on liquid sclerotherapy of lower limb varicose veins
4. Qual produto você utiliza na sua escleroterapia?
Glicose 75% 35,35%
Oleato de etanolamina 8,19%
Polidocanol com glicose 14,66%
Oleato de etanolamina com glicose 12,50%

Hiroshi Miyake Doctorate PhD from University of São Paulo 1972 (in Portuguese) ~40 years -> Phlebology 2012;27:383–389
Phlebology
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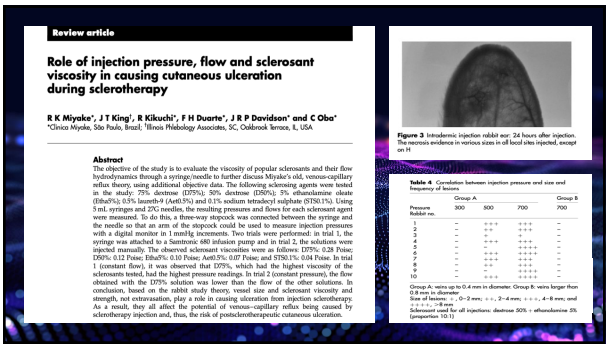
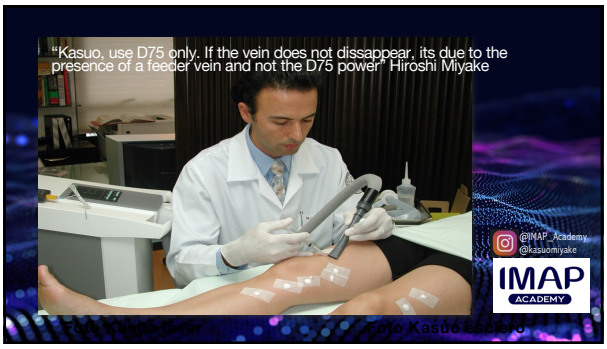

Review article
Role of injection pressure, flow and sclerosant viscosity in causing cutaneous ulceration during sclerotherapy
Abstract


"Kasuo, use D75 only. If the vein does not dissappear, its due to the presence of a feeder vein and not the D75 power" Hiroshi Miyake
@IMAP_Academy
@kasuomiyake
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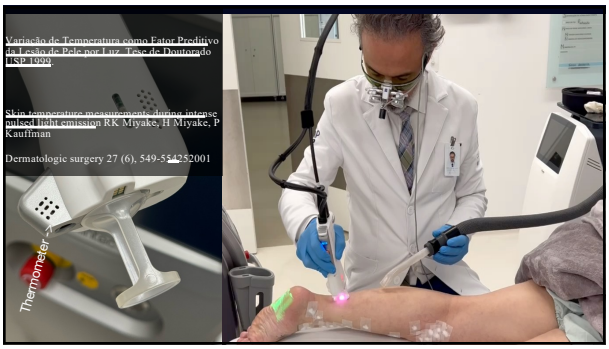
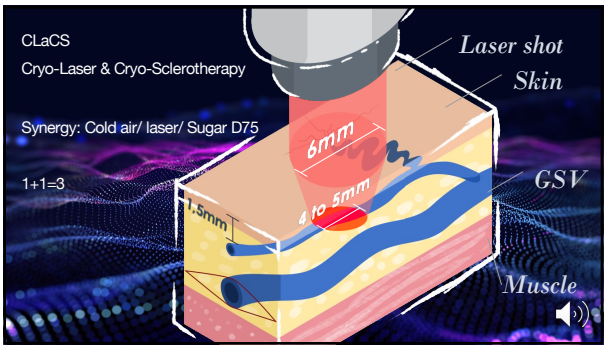
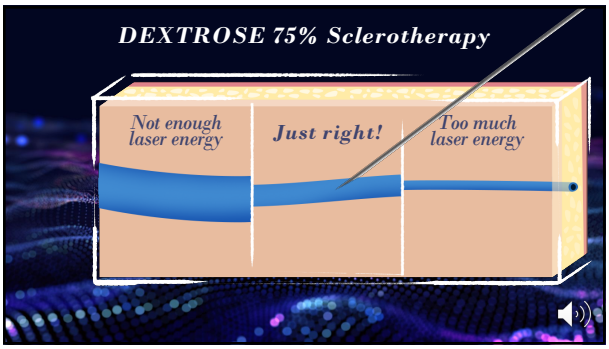
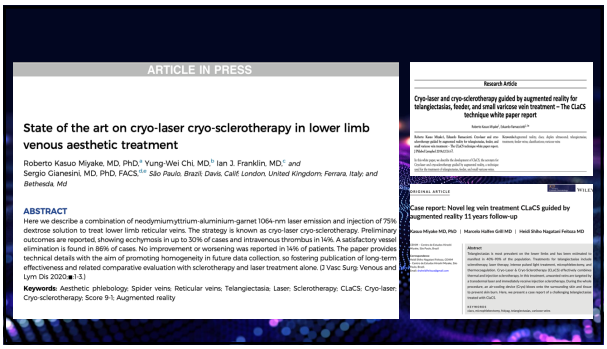







ARTICLE IN PRESS

State of the art on cryo-laser cryo-sclerotherapy in lower limb venous aesthetic treatment

Roberto Kasuo Miyake, MD, PhD,[a] Yung-Wei Chi, MD,[b] Ian J. Franklin, MD,[c] and Sergio Gianesini, MD, PhD, FACS,[d,e] *São Paulo, Brazil; Davis, Calif; London, United Kingdom; Ferrara, Italy; and Bethesda, Md*

ABSTRACT

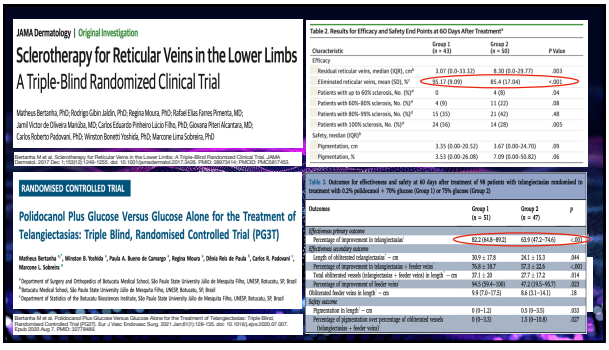
Here we describe a combination of neodymiumyttrium-aluminium-garnet 1064-nm laser emission and injection of 75% dextrose solution to treat lower limb reticular veins. The strategy is known as cryo-laser cryo-sclerotherapy. Preliminary outcomes are reported, showing ecchymosis in up to 30% of cases and intravenous thrombus in 14%. A satisfactory vessel elimination is found in 86% of cases. No improvement or worsening was reported in 14% of patients. The paper provides technical details with the aim of promoting homogeneity in future data collection, so fostering publication of long-term effectiveness and related comparative evaluation with sclerotherapy and laser treatment alone. (J Vasc Surg: Venous and Lym Dis 2020;■:1.)

Keywords: Aesthetic phlebology; Spider veins. Reticular veins; Telangiectasia. Laser; Sclerotherapy; CLaCS: Cryo-laser Cryo-sclerotherapy; Score 9-1: Augmented reality

Research Article

Cryo-laser and cryo-sclerotherapy guided by augmented reality for telangiectasias, feeder, and small varicose vein treatment – The CLaCS technique white paper report

Case report: Novel leg vein treatment CLaCS guided by augmented reality 11 years follow-up


JAMA Dermatology | Original Investigation

Sclerotherapy for Reticular Veins in the Lower Limbs
A Triple-Blind Randomized Clinical Trial

Mathews Bertanha, PhD; Rodrigo Gibin Jaldin, PhD; Regina Moura, PhD; Rafael Elias Farres Pimenta, MD; Jamil Victor de Oliveira Manilúba, MD; Carlos Eduardo Pinheiro Lúcio Filho, PhD; Giovana Piteri Alcantara, MD; Carlos Roberto Padovani, PhD; Winston Bonetti Yoshida, PhD; Marcone Lima Sobreira, PhD

Table 2. Results for Efficacy and Safety End Points at 60 Days After Treatment[a]

Characteristic	Group 1 (n = 43)	Group 2 (n = 50)	P Value
Efficacy			
Residual reticular veins, median (IQR), cm[b]	3.07 (0.0-33.32)	8.30 (0.0-29.77)	.003
Eliminated reticular veins, mean (SD), %[c]	55.17 (9.09)	85.4 (17.04)	<.001
Patients with up to 60% sclerosis, No. (%)[d]	0	4 (8)	.04
Patients with 60%-80% sclerosis, No. (%)[d]	4 (9)	11 (22)	.08
Patients with 80%-99% sclerosis, No. (%)[d]	15 (35)	21 (42)	.48
Patients with 100% sclerosis, No. (%)[d]	24 (56)	14 (28)	.005
Safety, median (IQR)[e]			
Pigmentation, cm	3.35 (0.00-20.52)	3.67 (0.00-34.70)	.09
Pigmentation, %	3.53 (0.00-26.08)	7.09 (0.00-50.82)	.06

RANDOMISED CONTROLLED TRIAL

Polidocanol Plus Glucose Versus Glucose Alone for the Treatment of Telangiectasias: Triple Blind, Randomised Controlled Trial (PG3T)

Mathews Bertanha, Winston B. Yoshida, Paulo A. Bueno de Camargo, Regina Moura, Odete Reis de Paula, Carlos R. Padovani, Marcone L. Sobreira

Table 3. Outcomes for effectiveness and safety at 60 days after treatment of 98 patients with telangiectasias randomised to treatment with 0.2% polidocanol + 70% glucose (Group 1) or 75% glucose (Group 2)

Outcomes	Group 1 (n = 51)	Group 2 (n = 47)	P
Effectiveness primary outcome			
Percentage of improvement in telangiectasias	82.1 (64.8–89.2)	63.9 (47.2–74.6)	<.001
Effectiveness secondary outcome			
Length of obliterated telangiectasias – cm	30.9 ± 17.8	24.1 ± 15.3	.044
Percentage of improvement in telangiectasias + feeder veins	76.8 ± 18.7	57.3 ± 22.6	<.001
Total obliterated vessels (telangiectasias + feeder veins) in length – cm	37.1 ± 20	27.7 ± 17.2	.014
Percentage of improvement of feeder veins	94.5 (91.4–100)	47.2 (18.5–85.7)	.003
Obliterated feeder veins in length – cm	9.9 (7.0–17.5)	8.6 (3.1–14.1)	.18
Safety outcome			
Pigmentation in length – cm	0 (0–1.2)	0.5 (0–3.5)	.033
Percentage of pigmentation over percentage of obliterated vessels (telangiectasias + feeder veins)	0 (0–3.5)	1.5 (0–10.8)	.027

A comparative study between cryo-laser cryo-sclerotherapy and sclerotherapy in the treatment of telangiectasia and reticular veins: A randomized controlled trial

Mahmoud M. Nasser, MD,[a] Baker M. Ghoneim, MD, FRCS, FEBVS,[a,b] Walled Eldaly, MD,[a] and Hossam Elmahdy, MD,[a] *Cairo, Egypt; and Sheffield, UK*

ABSTRACT

Objective: Telangiectasias, characterized by dilated venules, are frequently observed in the lower extremities. Sclerotherapy stands out as the predominant treatment of these vascular lesions. The integration of laser therapy with a mild sclerosing agent, serving as an osmotic sclerosant, presents an enhanced cosmetic treatment approach, aiming to optimize outcomes and minimize potential adverse effects. This study sought to evaluate the feasibility, efficacy, and safety of cryo-laser and cryo-sclerotherapy (CLaCS) and compare it with injection sclerotherapy for the treatment of telangiectasia and reticular veins.

Methods: In this randomized controlled trial, individuals expressing concerns about telangiectasia and reticular veins were recruited for aesthetic treatment. The enrolled patients were prospectively randomized according to the chosen treatment technique. Group A included patients undergoing CLaCS with 70% dextrose, focusing on a single area measuring 20 cm by 20 cm. Group B included patients receiving polidocanol injection sclerotherapy for a single area of the same dimensions.

Results: Group A comprised 195 patients and group B comprised 197 patients. The rates of complete lesion elimination after the first, second, and third treatment sessions were 64.6%, 86.2%, and 100% in group A and 50.3%, 74.1%, and 85.3% in group B, respectively. Group A exhibited a significantly higher complete elimination rate compared with group B at the conclusion of the study ($P < .001$). Furthermore, group A demonstrated a statistically significant lower incidence of postprocedural pigmentation and other complications compared with group B ($P < .001$). These findings underscore the enhanced efficacy and safety profile associated with the CLaCS technique using 70% dextrose compared with injection sclerotherapy with polidocanol.

Conclusions: CLaCS, combining cryo-laser and cryo-sclerotherapy, demonstrated superior efficacy and safety compared with traditional polidocanol sclerotherapy for treating telangiectasia and reticular veins. (J Vasc Surg Venous Lymphat Disord 2024-12.101874.)

Keywords: CLaCS; Cryo-laser cryo-sclerotherapy; Dextrose 70%; Injection sclerotherapy; Polidocanol; Telangiectasias and reticular veins

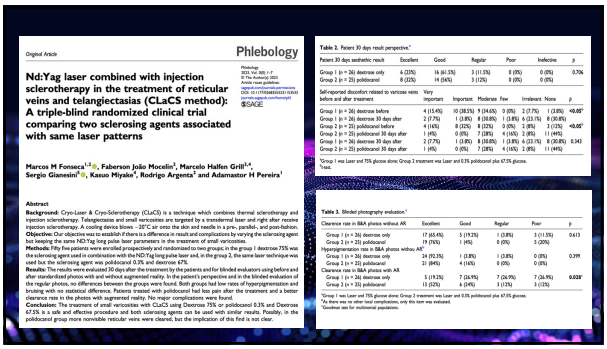
Journal of Vascular Surgery: Venous and Lymphatic Disorders. July 2024

Fig 2. Rate of elimination of telangiectasis and reticular veins.

Table I. Postprocedural complications in study patients

Complication	Group A (n = 195)	Group B (n = 197)	P value
Total complications	72 (36.9)	155 (79.7)	<.001
Skin burn	1 (0.5)	0 (0.0)	.314
Skin necrosis	1 (0.5)	6 (4.2)	.018
Infection	1 (0.5)	6 (4.1)	.018
Matting	0 (0.0)	36 (18.3)	<.001
Ecchymosis	59 (30.3)	90 (45.7)	<.001
Edema	26 (13.3)	44 (22.4)	.01
Blistering	5 (2.6)	9 (2.5)	.917
Microthrombi (needle thrombectomy)	14 (7.2)	72 (36.5)	<.001

Data presented as number (%).
Boldface P values represent statistical significance.


Phlebology

Nd:Yag laser combined with injection sclerotherapy in the treatment of reticular veins and telangiectasias (CLaCS method): A triple-blind randomized clinical trial comparing two sclerosing agents associated with same laser patterns

Marcos M Fonseca[1,2], Faberson João Mocelin[2], Marcelo Halfen Grill[3,4], Sergio Gianesini[5], Kasuo Miyake[6], Rodrigo Argenta[7] and Adamastor H Pereira[1]

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DOI: 10.1111/jocd.15832

ORIGINAL ARTICLE

WILEY

Case report: Novel leg vein treatment CLaCS guided by augmented reality 11 years follow-up

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Abstract

Telangiectasias is most prevalent on the lower limbs and has been estimated to manifest in 40%–90% of the population. Treatments for telangiectasias include sclerotherapy, laser therapy, intense pulsed light treatment, microphlebectomy, and thermocoagulation. Cryo-Laser & Cryo-Sclerotherapy (CLaCS) effectively combines thermal and injection sclerotherapy. In this treatment, unwanted veins are targeted by a transdermal laser and immediately receive injection sclerotherapy. During the whole procedure, an air-cooling device (Cryo) blows onto the surrounding skin and tissue to prevent skin burn. Here, we present a case report of a challenging telangiectasias treated with ClaCS.

KEYWORDS
clacs, microphlebectomy, Ndyag, telangiectasias, varicose veins

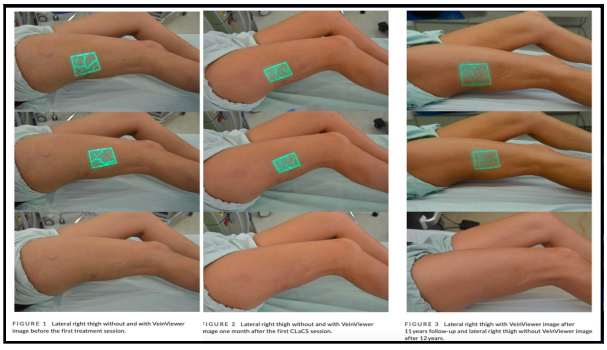
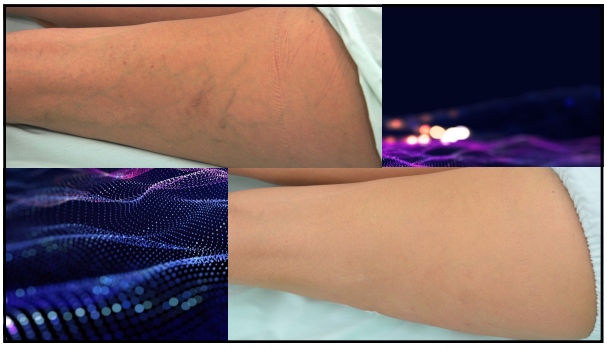
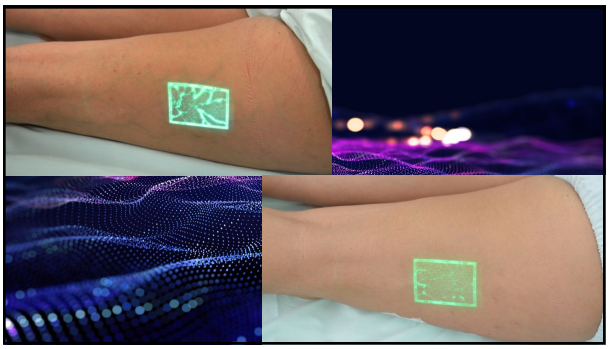


FIGURE 1 Lateral right thigh without and with VeinViewer image before the first treatment session.

FIGURE 2 Lateral right thigh without and with VeinViewer image one month after the first CLaCS session.

FIGURE 3 Lateral right thigh with VeinViewer image after 11 years follow-up and lateral right thigh without VeinViewer image after 12 years.





Any “evidence”on instagram?
Endovenouslaser 0.5K
Saphenousvein 0.1K
Endovenouslasertreatment 1K
Legveintreatment 1K
Foamsclerotherapy 1K
Foam 2K
Phlebology 14K
CLaCS 31K
Sclerotherapy 119K
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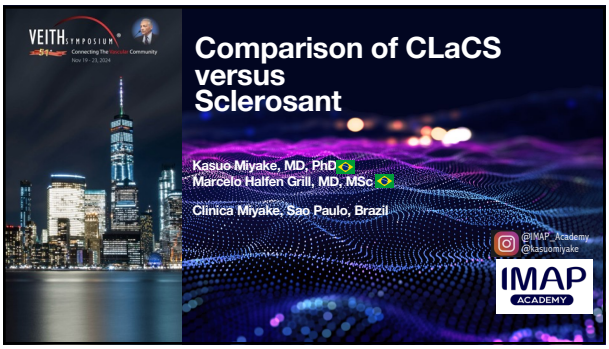
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