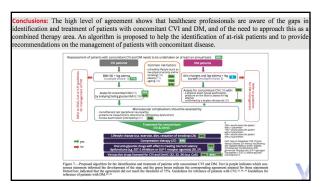


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ORIGINAL ARTICLE
VENOUS DISEASE

Enhancing identification and treatment
of patients with concomitant chronic venous
insufficiency and diabetes mellitus
A modified Delphi study from the CODAC (Chronic
venous disease and Diabetes Advisory Council) group

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laser on telangiectasias and reticular veins a human *in-vivo* histological study

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Background: Telangiectasias and reticular veins are associated with aesthetic disorders. Sclerotherapy is the gold standard treatment, but long-pulsed 1064-mm Nd:YAG laser (LP1064 laser) is also used. No data on the human histological effects of these lasers are reported. The objective was to test different LP1064 laser parameters and their histological effects on the dermis, collagen, telangiectasias, and reticular veins.

Methods: This was a single-center, prospective, single-arm, case-control, human study. During surgery (dermolipectomy), the abdominal section of 10 female patients was irradiated with 6 different transdat LP1064 laser parameters after anesthesia. Ten pieces with areas of varying irradiation were evaluated according to the characteristics of the vessels identified by area. In each piece, two irradiation areas were performed per group, totaling 12 irradiation areas per piece, with 120 regions later analyzed at the end of the ten samples. After removing the surgical product, histological sections were extracted, and the dermis, telangiectasias, and reticular veins were analyzed.







Results: Histological analysis showed that exposition to six different parameters from LP1064 laser led to significant dermal layer separation and collagen alterations. The effects were inconsistent on the loss of endothelial cells, intravascular thrombus formation, and fusion of vascular walls for both telangiectasias and reticular veins. In reticular veins, effects on intravascular thrombus formation and vascular wall fusion were not observed.

Conclusions: The LP1064 laser in monotherapy with fixed settings did not lead to a consistent vascular lesion to promote immediate occlusion in telangicetasias and reticular veins. This strategy may not work as monotherapy for small vein treatment, but the possible late response to the LP1064 laser cannot be ruled out and require further investigation.

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PREVENTION AND MANAGEMENT OF VENOUS THROMBOEMBOLISM



INTERNATIONAL CONSENSUS STATEMENT (Guidelines according to scientific evidence)

Under the auspices of the

European Venous Forum North American Thrombosis Forum International Union of Angiology Union Internationale du Phlebologie Cardiovascular Disease Educational and Research Trust The Cyprus Cardiovascular Disease Educational and Research Trust

Chairman: Andrew N. NICOLAIDES

PREVENTION AND MANAGEMENT OF VENOUS THROMBOEMBOLISM



Levels of evidence

STRONG

MODERATE LOW MODERATE WEAK

Strenght of recommendations

