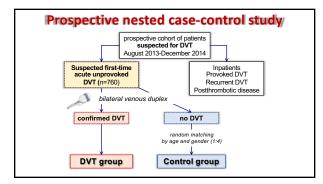


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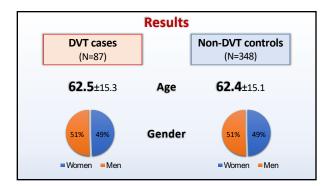
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	MITTANIN The second sec	Badgemark Various vision lower heres recognised as a shit lower for the year is brock host (1971). Moreover, we assume either that sore carried the same correlation. This ready vehicu- nel for association between protectory vehicur reflux and DVTL. Reinded We parformed a samed case-control ready with mendbases of exaptricine protecting to the saccidure labora- complete bilateral scenario depice constitutions exhausting in- complete bilateral scenario depice constitutions exhausting in- DTTT and regretedia and deep scenarioschose exhausting in- the scenarioschose and scenarioschose exhausting in-	$20$ 60, 975, and datases interval (CII, 2.4.77, $P_{\rm c}$ 409001). Dury radius set: 1 intervent viscosi (3.4.8.7 s v 11.0.5; olds ratis, 2.1.2.8, 13.1.8, 13.4.8, 13.4.8, 13.4.8, 13.4.8, 13.4.8, 14.4, 14.4.8, 14.4,			
	terior de la for instance tensories. Adhes to appoint. Pachorago o tens edutito provinto anosta Anorago to postenza do tenso postenza do tenso postenza do tenso mo-	newn patients with continued DVT on senson dupies were witered for the endy proper. This cosmed props was randomly unitered from the same orbori in a 61 ratio manihad by age and gender (in = 3483, Groups were compared for the per- airous of doing and superfide orbits. <i>Rombe</i> DVT outpatients were 1. <sup>17</sup> times more likely to have primary volvales ration taxe supersonatic cosmols (65.55 vs	Generations: The prevalence of primary valvatar reflex in particens with DVF is significantly higher than capcool. Reflex may be considered as a nonel risk factor for DVT. Two theles of patients with DVT have pre-calitont primary detensis remose discase, which is likely to contribute to par- thrombetic mochildy. (J have Sargi Venson and Lym Dio 2016;4:161-6.)	Findsprong, Un 51, (m) 51, (		

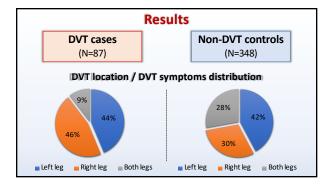


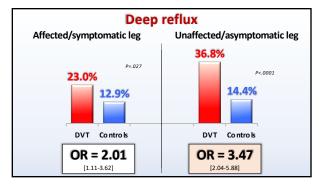
- Registered vascular technologist (RVT)
- Mid-calf compression
  Semi-sitting position, 30-45<sup>o</sup> head-up tilt
- Reflux threshold ≥0.5 seconds \* •
- 3 deep segments: CVF, FV, PV
- 6 superficial segments: SFJ, GSV thigh/knee/calf, SPJ, SSV
- Non-saphenous reflux was not considered

## Statistical analysis

- Prospective electronic database
- Multivariate logistic regression
- Independent variable: prevalence of reflux
- Covariables included: BMI, smoking
- Adjusted ORs, 95%CI calculated
- P≤.05
- SPSS 13.0 software (IBM Corp., NY)

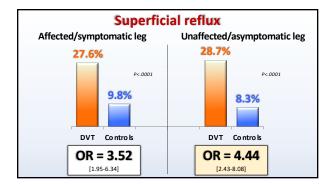






1	)eep	reflu	x		
Reflux location		group =87)		trols 348)	P-value
	n	%	n	%	1
Unilateral	34	39.1	55	15.8	<.00001
Bilateral	9	10.3	20	5.7	.147
Common femoral	18	10.3	50	7.2	<.00001
Femoral	16	9.2	11	1.6	<.00001
Popliteal	25	14.4	44	6.3	<.00001

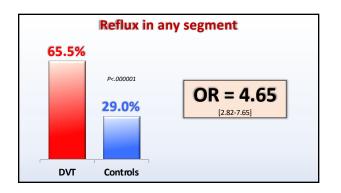
	Deep	reflu	x		
Reflux location		group =87)		trols 348)	P-value
	n	%	n	%	
Unilateral	34	39.1	55	15.8	<.00001
Bilateral	9	10.3	20	5.7	.147
Common femoral	18	10.3	50	7.2	<.00001
Femoral	16	9.2	11	1.6	<.00001
Popliteal	25	14.4	44	6.3	<.00001

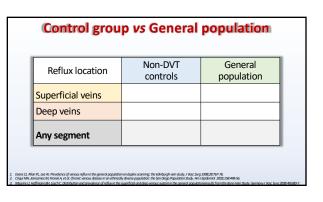


Sup	oerfic	ial re	flux		
Reflux location		DVT group (n=87)		Controls (n=348)	
	n	%	n	%	
Unilateral	27	31.0	37	10.6	.00001
Bilateral	11	12.6	13	3.7	.003
Saphenofemoral junction	26	22.8	26	3.8	<.00001
Great saphenous, thigh	29	25.4	25	3.7	<.00001
Great saphenous, calf	28	24.6	22	3.2	<.00001
Small saphenous	5	4.4	1	0.1	.0003

Sup	perfic	ial re	flux		
Reflux location		group =87)		trols 348)	P-value
	n	%	n	%	
Unilateral	27	31.0	37	10.6	.00001
Bilateral	11	12.6	13	3.7	.003
Saphenofemoral junction	26	22.8	26	3.8	<.00001
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Small saphenous	5	4.4	1	0.1	.0003

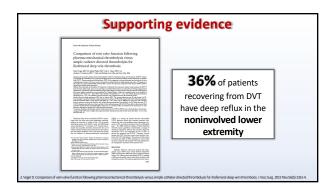
Superficial reflux						
Reflux location		group =87)		trols 348)	P-value	
	n	%	n	%		
Unilateral	27	31.0	37	10.6	.00001	
Bilateral	11	12.6	13	3.7	.003	
Saphenofemoral junction	26	22.8	26	3.8	<.00001	
Great saphenous, thigh	29	25.4	25	3.7	<.00001	
Great saphenous, calf	28	24.6	22	3.2	<.00001	
Small saphenous	5	4.4	1	0.1	.0003	



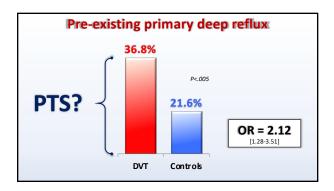


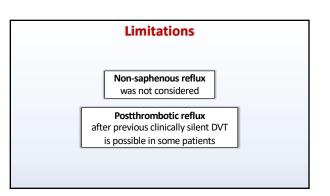
Reflux location	Non-DVT controls	General population
Superficial veins	14.4%	
Deep veins	21.6%	
Any segment	29.0%	

Reflux location	Non-DVT controls	General population
Superficial veins	14.4%	19.0-21.0%
Deep veins	21.6%	9.0-20.0%
Any segment	29.0%	27.9-35.0%



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## Conclusions

Symptomatic patients with **first-time DVT** have a **higher-than-expected** prevalence

of primary chronic venous disease

Valvular reflux may be considered

a novel risk factor for DVT

Thank you!