TREATMENT AND PITFALLS: LATERAL MARGINAL VEIN

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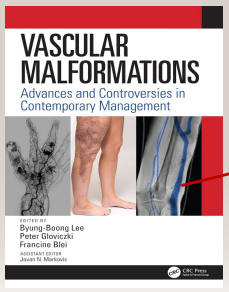
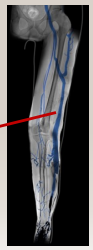
VEITH SYMPOSIUM
Connecting The Vascular Community

Tuesday, November 19 - Saturday, November 23, 2024

NO CONFLICT OF INTEREST

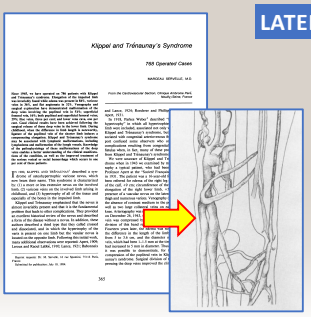


LATERAL MARGINAL VEIN



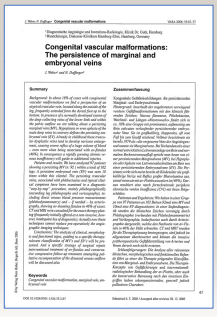
- Truncular venous malformation
- Persistent embryonic vein (The Vein of Servelle)
- Frequently associated with hypoplasia or, rarely, aplasia of the deep venous system
- Frequently part of complex vascular malformations (Klippel-Trenaunay or Servelle- Martorell Syndrome)s

LATERAL MARGINAL VEIN



1. Servelle M. La Veinographie va t'elle nous permettre de demembrer le syndrome de Klippel et Trenaunay. Presse Medicale 1945; 26:30. 353-354.

2.Servelle M. Les malformations congenitales des veines. Revue de Chir 1949; 88:106.



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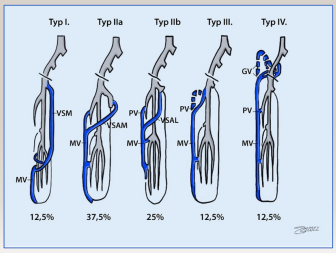
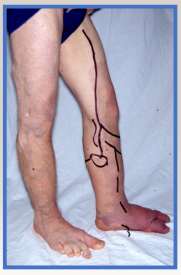


KLIPPEL-TRENAUNAY SYNDROME



PIK3CA gene mutation

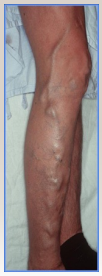
↓

PIK3 abnormal activity

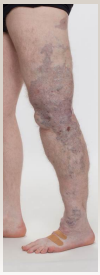
↓

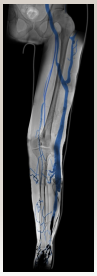
Increased cell proliferation, that leads to abnormal growth of bones, soft tissues, and blood vessels

LATERAL MARGINAL VEIN IN KLIPPEL –TRENAUNAY SYNDROME

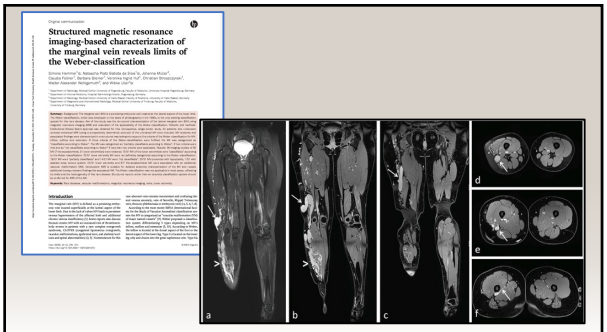


Single dominant feature

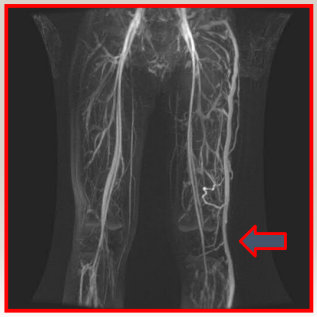


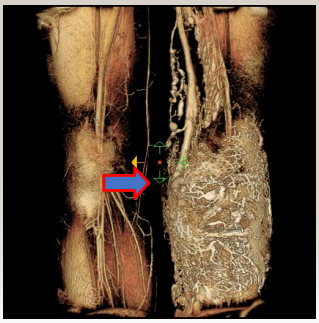


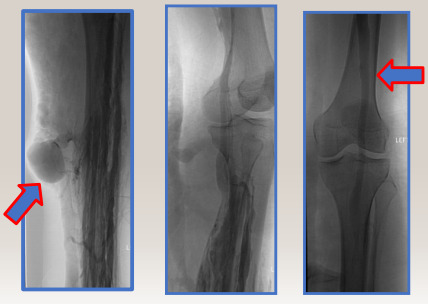
Part of complex malformation



Structured magnetic resonance imaging-based characterization of the marginal vein reveals limits of the Weber-classification







Klippel-Trenaunay Syndrome

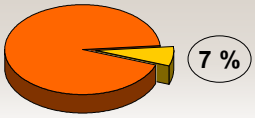
Phlebology

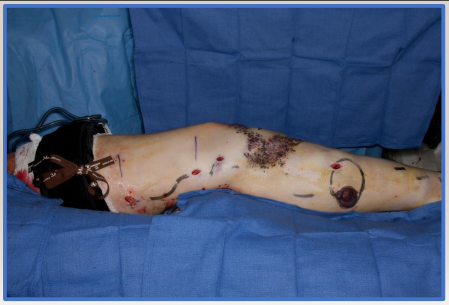
Surgical treatment of varicose veins and venous malformations in Klippel–Trenaunay syndrome

Rafael D Malgor, Peter Gloviczki, Jennifer Fabris, Manju Kalra, Audra A Duncan, Gustavo S Oderich, Terri Vrtiska and David Driscoll

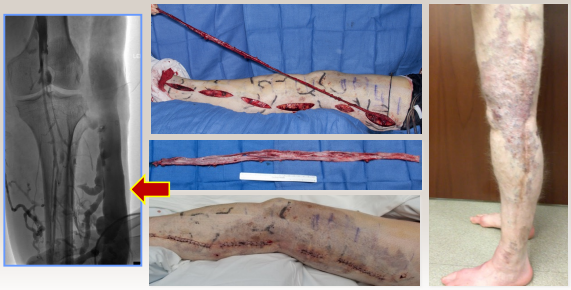
Mayo Clinic
1987 to 2007
Total: 684 Patients

Venous surgery:
49 patients





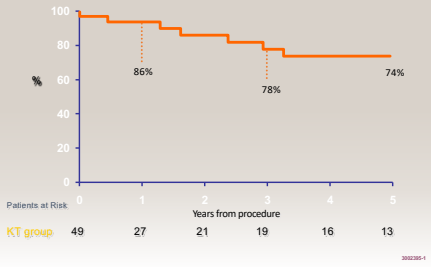
KLIPPEL-TRENAUNAY SYNDROME



Early Outcomes

Complications	n	%
Hematoma	3	6
Deep Vein Thrombosis	1	2
Pulmonary embolism	1	2
Nerve Injury (peroneal n. palsy)	1	2

Freedom from Second Procedure



mm

PS188.

Open Surgical vs Endovenous Ablation Treatment of Patients with Klippel-Trenaunay Syndrome

Jennifer Fahrni, Peter Gloviczki, Manju Kalra, Mark D. Fleming, Audra A. Duncan, Gustavo S. Oderich, Haraldur Bjarnason, David D[illegible]
Rochester, Minn

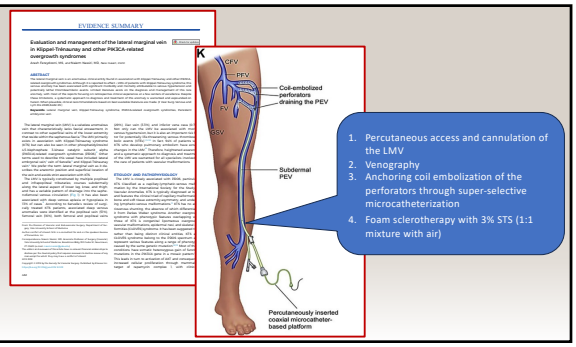
Objectives: To assess safety a[illegible] cal treatment (OST) vs endoven[illegible] tion (RFA) in patients with Klip[illegible] (KTS).

Methods: Clinical data of a[illegible] mixed venous malformation trea[illegible] insufficiency from 2008 to 2013 were review[illegible] ative complications and outcome after O[illegible]RFA were compared.

Results: Twenty-seven limbs of 26 patients (14 females; mean age, 33 years; range, 15-74) were treated. All had varicose veins, 59% had limb overgrowth, and 63% had capillary malformations. Three had previous

Radiofrequency ablation in carefully selected patients with KTS is safe and results are similar than those treated with surgical excision

J Vasc Surg, 2014;59:78-79S



1. Percutaneous access and cannulation of the LMV
2. Venography
3. Anchoring coil embolization of the perforators through super-selective microcatheterization
4. Foam sclerotherapy with 3% STS (1:1 mixture with air)

TOP 10 TIPS FOR INTERVENTIONS FOR LATERAL MARGINAL VEINS

10. Study anatomy and venous function (Duplex scan, MRV, plethysmography, venogram)
9. Be sure there is adequate deep venous drainage
8. Consider removable IVC filter
7. Respect significant deep compartment involvement
6. Use DVT prophylaxis

TOP 10 TIPS FOR INTERVENTIONS FOR LATERAL MARGINAL VEINS

5. Use endovenous techniques selectively, prevent coil dislodgement by anchoring and minimize foam getting into the deep system
4. For open surgery, use leg tourniquet
3. Use high ligation of the LMV and ligation + division of perforators before surgical or endovenous ablation
2. Use small incisions to excise and ligate venous tributaries or superficial aneurysms

TOP 10 TIPS FOR INTERVENTIONS FOR LATERAL MARGINAL VEINS

1. Stay conservative and always consider compression therapy first!

THANK YOU !