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ULTRASOUND-GUIDED FOAM SCLEROTHERAPY FOR THE TREATMENT OF VENOUS LEG ULCERS

Marian Simka

Department of Angiology, Pszczyna, Poland

Aim: In many cases compression therapy is insufficient to heal venous ulcers and operative treatment appears to be unavoidable. Yet, although surgical treatment could properly manage incompetent veins, many of these patients refuse from the operation or are unfit for surgery. In addition, surgical treatment is often followed by complications. Thus, the ultrasound-guided foam sclerotherapy is an alternative for these patients.

Patients and methods: There were managed 16 ulcerated legs in 15 patients. aged 49-84 years, ulcer's diameter was 1-10 cm, and the history of an ulcer ranged from one week to 8 years. Sclerotherapy was done under sonographic control after assessing the venous hemodynamics. Depending on hemodynamic features and morphology of varicosities, the goal of sclerotherapy was either to ablate an incompetent vein, or to manage varicose veins conservatively (ESEC method). Concentrations and volumes of sclerosing foam depended on the diameter and morphology of the treated vein.

Results: Sclerotherapy was successful in 94% of cases; in 69% an ulcer has healed with a median post-sclerotherapy healing time: 4 weeks, and in 25% ulcers' area decreased. In one case (6%) sclerotherapy was unsuccessful. In 56% of cases one session of sclerotherapy was enough to initiate the healing of an ulcer, and maximally 3 sessions were required. Painful post-sclerotherapy phlebitis occurred only in cases with superficial localization of a wide incompetent vein.

Conclusion: Ultrasound-guided foam sclerotherapy, either ablative or hemodynamic, can be performed with a high rate of success in the majority of venous leg ulcers patients as an alterative to the surgery. However, lower success rate should be expected in cases with the stiff, poorly compressible veins, or with huge varicosities localizes very superficially.