

## EDITORIAL

## What's in a Name?... Ten Years After Publication of the VEIN-TERM Document

Exactly 10 years ago, a transatlantic interdisciplinary faculty of experts developed a consensus document about venous terminology, under the auspices of the American Venous Forum, the European Venous Forum, the International Union of Phlebology, the American College of Phlebology (nowadays the American Vein and Lymphatic Society), and the International Union of Angiology.<sup>1</sup> The aim of this consensus document was to promote the use of a common scientific language for future articles dealing with the investigation and management of chronic venous disorders, obviously to be published in the English language. Previously, publication of the revised CEAP classification,<sup>2</sup> and the reporting standards on venous anatomical terminology,<sup>3,4</sup> had already introduced a more uniform way of using venous nomenclature. Anatomical terms were further refined based on the insight provided by duplex ultrasound investigation, which led to description of the duplex anatomy and duplex based anatomical terms.<sup>5,6</sup>

Despite all the efforts by renown faculty around the world to promote consistency in venous reporting there are still problems with non-uniform use or misuse of venous terms.<sup>7</sup> Therefore, it seems helpful to reiterate the “top 10” proper terms to be used in venous reporting. In our view, the most popular terms - which should replace older, incorrect, or confusing terms, mentioned in square brackets - are shown below.

1. *Chronic venous disease (CVD)*: (Any) Morphological and functional abnormalities of the venous system of long duration manifested either by symptoms and/or signs indicating the need for investigation and/or care [instead of “chronic venous insufficiency”].<sup>1</sup>
2. *Chronic venous insufficiency (C3-C6)*: A term reserved for advanced CVD, which is applied to functional abnormalities of the venous system resulting in oedema, skin changes, or venous ulcers, corresponding with C3-C6 of the CEAP classification [instead of “chronic venous disease”].<sup>1</sup>
3. *Venous valvular incompetence*: Venous valve dysfunction resulting in retrograde venous flow of abnormal duration [instead of venous valvular “insufficiency”].<sup>1</sup>
4. *Great saphenous vein (GSV)* [instead of “long”, “greater”, or “internal” saphenous vein].<sup>3</sup>
5. *Small saphenous vein (SSV)* [instead of “short”, “lesser”, or “external” saphenous vein].<sup>3</sup>

6. *Anterior accessory saphenous vein (AASV)*: This vein courses in its own saphenous compartment and hence it is not the GSV [instead of anterior accessory “great” saphenous vein or anterior accessory GSV].<sup>5,6</sup>
7. *Femoral vein (FV)*: This vein is a deep vein that runs parallel to the superficial femoral artery [instead of “superficial” femoral vein].<sup>4</sup>
8. *Venous confluence*: Where two veins unite, for example the common iliac vein confluence [instead of bifurcation or trifurcation].<sup>3</sup>
9. *Superficial vein thrombosis*: Thrombosis in superficial veins [instead of superficial thrombophlebitis].<sup>7</sup>
10. *Chronic post-thrombotic change(s)*: (Partially) Obstructive lesions in the deep venous system after previous deep vein thrombosis (DVT) [instead of “chronic DVT” or “residual vein thrombosis or thrombus”].<sup>8</sup>

Obviously, the nomenclature used nowadays in a specific subspecialty of medical science is based on a consensus of a group of experts in the field at a certain moment in time. By definition, this means that some of the group agreed and some, a minority, did not. However, once the result of a consensus has been published, it should be implemented in daily practice, in research, and also scientific reporting.

As Associate Editors of the *European Journal of Vascular and Endovascular Surgery*, dealing with its venous content, we think that it is of utmost importance to promote the worldwide use of uniform venous terminology in reports published in the English language.

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Marianne G. De Maeseneer\*

*Department of Dermatology, Erasmus MC, Rotterdam, the Netherlands*

Stavros K. Kakkos

*Department of Vascular Surgery, University of Patras Medical School, Patras, Greece*

\*Corresponding author. Department of Dermatology, Erasmus MC, Erasmus University Rotterdam, Dr. Molewaterplein 40 3015 GD Rotterdam, Rotterdam, The Netherlands. Tel.: +31 107040110; Fax: +31 107033822.  
*Email-address: [mdmaesen@gmail.com](mailto:mdmaesen@gmail.com)*  
(Marianne G.De Maeseneer)