

Journal of Vascular Surgery Venous and Lymphatic Disorders

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Surgical Care of Venous and Lymphatic Disorders

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Paul J. Gagne, MD, Nicole Gagne, BA, Taras Kucher, MD, Michael Thompson, RN, and Dana Bentley, BA, *Darien and Norwalk, Conn; and New York, NY*

Venous stenting with Wallstents for iliofemoral venous obstruction in 77 limbs of 67 patients proved safe and effective, with primary and secondary patencies of 87% and 95%. At 26 months, two-thirds of the patients had significant clinical improvement. Common femoral vein occlusive disease predicted complications.

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Arjun Jayaraj, MD, William Crim, MS, Alexander Knight, BS, and Seshadri Raju, MD, *Jackson, Miss*

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Anthony J. Comerota, MD, FACS, FACC, Fedor Lurie, MD, PhD, and Zakaria Assi, MD, *Alexandria, Va; and Toledo, Ohio*

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Qingle Li, MD, Tao Zhang, MD, Dashuai Wang, MD, Wei Li, MD, Xuemin Zhang, MD, and Xiaoming Zhang, MD, *Beijing, China*

In this retrospective study of 83 patients with Budd-Chiari syndrome who failed endovascular intervention, open surgical reconstruction with exposure of the retrohepatic inferior vena cava had a technical success of 96%, with 3-year primary patency of the hepatic veins in 90% and of the inferior vena cava in 72%.

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Sanjay S. Srivatsa, MBBChir, FACC, FSCSAI, Steve Chung, PhD, and Vikramjit Sidhu, MD, MHA, *Fresno, Calif*

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Mathew Wooster, MD, Blake Fernandez, MD, Kelli L. Summers, MD, and Karl A. Illig, MD, *Charleston, SC; Tampa, Fla; and New Orleans, La*

This retrospective review of 53 patients found that bony resection combined with open or endovascular procedures for venous obstruction in symptomatic venous thoracic outlet syndrome or those with an arteriovenous access had a 100% technical success, minimal mortality, acceptable morbidity, and good relief of symptoms. Reintervention for restenosis, mostly with arteriovenous access, was needed in 30.2%.

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Yushi Suzuki, MD, Hisashi Sakuma, MD, and Shun Yamazaki, MD, *Ichikawa, Yokohama, and Okinawa, Japan*

Indocyanine green fluorescence lymphography was used to compare patency of 44 lymphaticovenous side-to-end anastomoses and 23 end-to-end anastomoses in 18 secondary upper extremity lymphedemas, with 6-month patencies of 32% and 35%, respectively ($P = .81$). There was no correlation with risk factors for obstruction.

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