Journal of Vascular Surgery: Venous and Lymphatic Disorders — January 2019 Audiovisual Summary

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Hi, I am Peter Gloviczki from Mayo Clinic, Editor-in-Chief of the *Journal of Vascular Surgery: Venous and Lymphatic Disorders*. On behalf of the editors and staff of the *JVS* journals, I wish you a happy new year of 2019. We are pleased to bring you the January issue of our journal that includes excellent papers on venous and lymphatic diseases, which you can download this month free of charge.

The Editors' Choice article, that is also our CME article this month, is entitled "Evaluation of patency rates of different lymphaticovenous anastomosis techniques and risk factors for obstruction in secondary upper extremity lymphedema."[1] Lymphovenous anastomoses to improve lymph drainage in patients with chronic lymphedema have been around for decades. In 1976, I wrote my thesis at the University of Paris on lymphovenous anastomoses. Still, evidence of long-term durability and effectiveness of these procedures has been sparse and this paper, authored by Dr Suzuki and colleagues from Ichikawa, Yokohama, and Okinawa in Japan, is welcome news since it brings new evidence on efficacy of microsurgical lymphovenous anastomoses in the treatment of lymphedema. Eighteen patients with secondary upper extremity lymphedema were treated with 67 anastomoses and evaluated at 6 months after surgery. Patency was evaluated with indocyanine green fluorescence lymphography. Six-month patency was 33%, not significantly different between those who had side-to-end versus those who had end-to-end lymphovenous anastomoses. Studying the patterns of occlusion, the authors concluded that the anastomotic technique of choice is a side-to-end anastomosis. This study shows that multiple anastomoses should be performed since patency of these anastomose is low. Clearly, additional studies are still needed to correlate long-term patency with clinical improvement of these patients.

The next paper I would like to introduce is entitled "Risk factors associated with the venous leg ulcer that fails to heal after one year of treatment," authored by Drs Melikian and colleagues from the Tufts University School of Medicine in Boston Massachusetts.[2] This was a retrospective cohort study of 65 patients treated for venous leg ulcers for a minimum of 52 weeks in a vascular surgeon-staffed wound center. Venous leg ulcers in 19 patients (29%) failed to heal. By the end of this 12-month study, ulcers in 46 (71%) patients healed and remained permanently healed during the follow-up period. Factors associated with nonhealing included nonwhite race, history of deep venous thrombosis, deep venous disease, and depression ulcer size, and obesity did not influence healing.

The next paper I would like to introduce is on "Characteristics and outcomes of stent occlusion following iliocaval stenting."[3] This is an 18-year retrospective cohort study, authored by Dr Arjun Jayaraj and colleagues from Dr Raju's group in Jackson, Mississippi. The study analyzed outcomes of iliocaval stents implanted during an 18-year period with the specific aim to determine risk factors for iliocaval stent occlusion, rate of successful recanalization of occluded iliocaval stents, and patency and clinical outcomes of recanalization of occluded iliocaval stents. Of 3468 iliocaval stents placed between 1997 to 2015, there were 102 occlusions, with 77% occurring in post-thrombotic limbs and the remaining in nonthrombotic limbs. In the hands of this highly experienced group of surgeons, re-establishment of patency was successful in 84%, with no mortality or major adverse events, with improvement in visual analog scale pain scores and Venous Clinical Severity Scores ($P < .01$), and with median primary patency of 7 $\pm$ 1.9 months and median secondary patency of 25 $\pm$ 8.3 months. The authors concluded that if it is clinically indicated, occluded iliocaval stents should undergo an attempt at recanalization.

The final paper we would like to introduce you is entitled "Long-term clinical outcomes and technical factors with the Wallstent as treatment for chronic iliofemoral venous obstruction," authored by Dr Paul Gagne and his colleagues from Darien and Norwalk, Conn and New York, NY.[4] In this retrospective cohort study, 77 limbs of 67 patients were treated with Wallstents for chronic iliofemoral vein obstruction. At 72 months, primary and secondary patency rates were 87% and 95%, respectively. Patency rates were 75% and 88% in 35 limbs with post-thrombotic obstructions, and they were more favorable in 42 nonthrombotic obstructions (97% and 100%). At 26 months, 68% of the patients had a $\geq$4-point improvement in Venous Clinical Severity Score and none were worse. These are excellent patency and clinical results at 72 months. Common femoral vein occlusive disease, however, predicted complications.

These were just a few of the many excellent papers from our January issue. To access these articles for free this month, please download them on www.jvsvenous.org. Enjoy reading all *JVS* journals and let us know if you have any comments or suggestions. See you next time for the Highlights of the March issue of *JVS Venous and Lymphatic Disorders*.

The video accompanying this article may be found online at www.jvsvenous.org.

REFERENCES

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