Journal of Vascular Surgery: Venous and Lymphatic Disorders — September 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*. We have several excellent articles in our September issue and I am pleased to introduce the four best papers that we selected for you.

The Editors' Choice and our CME article this month is entitled "Long-term computed tomography follow-up results of strut penetration of inferior vena cava filters," written by Shin Seok Yang and Woo-Sung Yun from Daegu, Korea.[1] In this single-center retrospective study, 66 patients with an inferior vena cava (IVC) filter had follow-up with computer tomography at a mean of 14 months after placement. Filter strut penetration was categorized by a scale of grade 0 to grade 3, where grade 3 included those patients who had strut penetration into adjacent organs. IVC strut penetration was detected in all patients. In 36%, all struts were outside the IVC lumen and in 35%, grade 3 patients strut penetration into adjacent organs was observed. The risk factor of grade 3 penetration was indwelling time ≥30 months. This is an important paper reinforcing the need for close follow-up and retrieval of IVC filters as soon as they are no longer needed.

The next paper is entitled "Efficacy of balloon venoplasty alone in the correction of nonthrombotic iliac vein lesions," authored by Afsha Aurshina and colleagues from Dr Enrico Ascher's group in Brooklyn, New York.[2] In this single-center retrospective study of 713 patients with nonthrombotic iliac vein lesions, balloon dilatation of iliac veins alone did not reliably reduce the stenosis. Iliac vein cross-sectional area after balloon angioplasty alone was unchanged in 22% and it even decreased in 29%. The authors concluded that balloon angioplasty alone, without stents, is not an effective treatment of nonthrombotic iliac vein lesions.

The next article investigated the "Lymphedema associated comorbidities and treatment gap," authored was written by Andrew Son and colleagues from Boston and Weston, Massachusetts and Tierra Verde in Florida.[3] This retrospective cross-sectional study analyzed prospectively collected data of 26,902 lymphedema (LE) patients enrolled in the Blue Health Intelligence research database. In patients with underlying malignancy, breast cancer was the most frequent comorbidity, followed by melanoma and prostate cancer. A total of 9.6% of the patients had chronic venous ulcers. Ninety-four percent of patients with breast cancer received any treatment for lymphedema, and those with melanoma or prostate cancer were treated for limb swelling less frequently. Only 82% of patients with venous ulcers received treatment of their lymphedema. This study is important because it found that breast cancer was the most frequent comorbidity of LE and that a sizable proportion of cancer-related LE patients do not receive appropriate treatment. Venous leg ulcer, an LE comorbidity, was frequently untreated.

Finally, the last article is on "Catheter-directed thrombolysis versus suction thrombectomy in the management of acute pulmonary embolism," written again by Dr Efthymios D. Avgerinos and colleagues from Pittsburgh, Pennsylvania.[4] In this retrospective cohort study, suction thrombectomy in 18 patients and catheter-directed thrombolysis in 54 matched patients with acute massive or submassive pulmonary embolism resulted in similar clinical success, with no difference in major bleeding, stroke, or death rates. Findings in this study suggest that suction thrombectomy is a potential alternative or complementary option to catheter-directed thrombolysis for patients with pulmonary embolism with contraindication to thrombolytics or severely compromised hemodynamic profile.

These were just a few of the many excellent articles from our September issue of the *JVS: Venous and Lymphatic Disorders*. To access these articles for free in September, please visit us on www.jvsvenous.org. Enjoy reading all *JVS* journals and see you next time for the Highlights of the November issue of the *JVS: Venous and Lymphatic Disorders*.

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

REFERENCES

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