

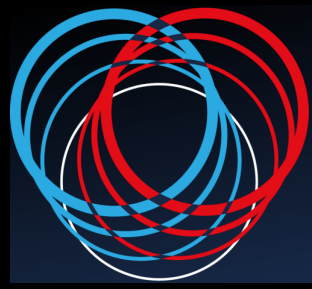
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WORLD

CHALLENGES & INNOVATIONS IN VASCULAR WORLD

31 MARS **2026**
1^{ER} AVRIL

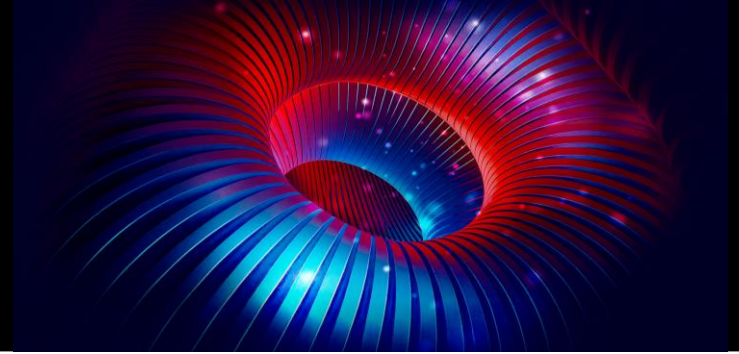
MÉRIDIEN ÉTOILE
PARIS



CIV
WORLD
CHALLENGES & INNOVATIONS IN VASCULAR WORLD

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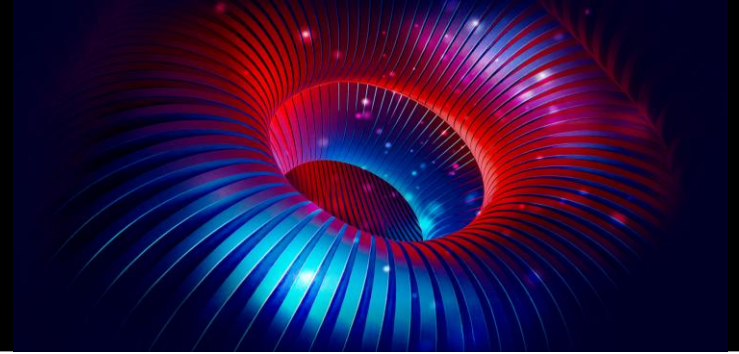
Pourquoi le laser reste aujourd'hui la meilleure option dans le traitement des récidives et des perforantes ?

Dr Olivier CRETON

Plérin



Conflits et liens d'intérêts



- Je n'ai aucun conflit d'intérêt potentiel à déclarer
- J'ai, ou j'ai eu au cours des deux dernières années, une affiliation, des intérêts financiers ou des liens d'intérêts de tout ordre avec les firmes suivantes, ou j'ai reçu des compensations financières ou des honoraires, des bourses de subvention ou de recherche émanant des companies suivantes :
 - **Boston Scientific**

Question pertinente !



Review article

Phlebology

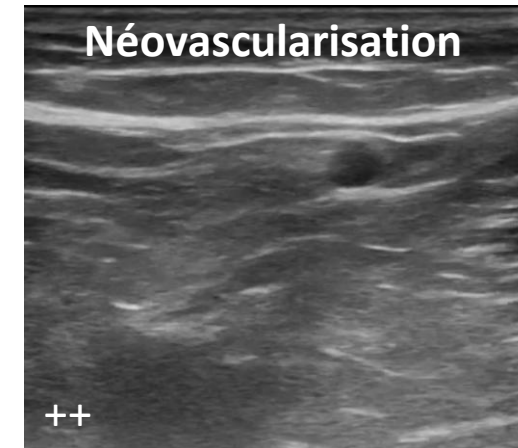
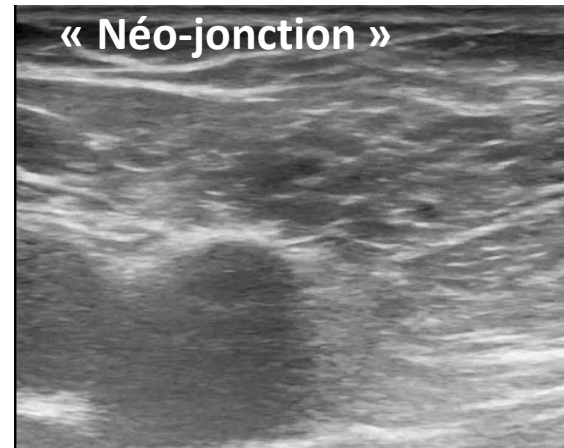
Patterns of recurrent varicose veins after surgery (REVAS): A systematic review and network meta-analysis of randomized trials

Phlebology
2026, Vol. 0(0) 1-11
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Sage

Konstantinos Kavallieros^{1,2}, Adam M. Gwozdz¹, Benedict Turner¹,
Giannis Konstantinou², Emmanuel Giannas², Iris Soteriou², Julianne Stoughton³ and
Alun H. Davies¹



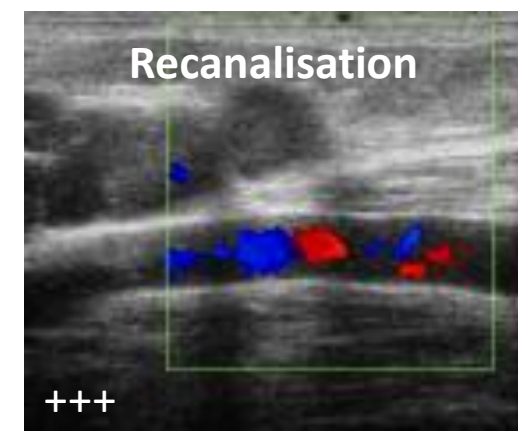
Source de la récurrence

Jonction saphéno-fémorale : 23,6%

Perforantes de cuisse : 7,6%

Perforantes de jambe : 4,7%

Nature très diverse ...



Ce sont les recommandations



Eur J Vasc Endovasc Surg (2021) xxx, 1–84

CLINICAL PRACTICE GUIDELINE DOCUMENT

European Society for Vascular Surgery (ESVS) 2022 Clinical Practice Guidelines on the Management of Chronic Venous Disease of the Lower Limbs[☆]



The 2023 Society for Vascular Surgery, American Venous Forum, and American Vein and Lymphatic Society clinical practice guidelines for the management of varicose veins of the lower extremities. Part II

Endorsed by the Society of Interventional Radiology and the Society for Vascular Medicine

Recommendation 56

Unchanged

For patients with symptomatic recurrent varicose veins requiring treatment, where endovenous ablation is possible, re-exploration of the groin or popliteal fossa is not recommended.

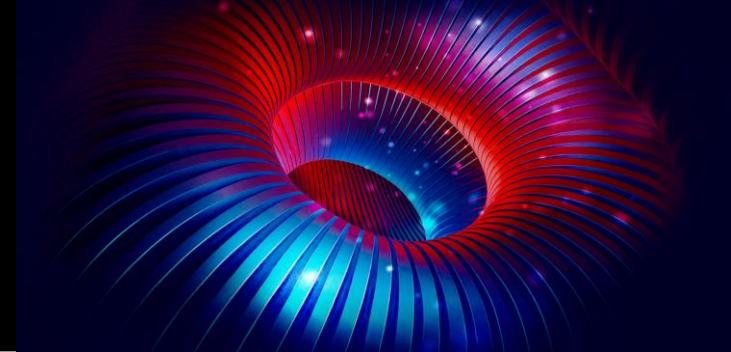
Class	Level	References	ToE
III	B	Hinchliffe <i>et al.</i> (2006), ³⁵¹ van Groenendaal <i>et al.</i> (2009), ³⁴⁹ van Groenendaal <i>et al.</i> (2010) ³⁴⁸	

9. Management of recurrent varicosities

Consensus statements

9.1.1.	For patients with symptomatic recurrent varicosities, clinical evaluation and DUS should be performed before treatment to determine the potential source of recurrence.
9.1.2.	For patients with symptomatic recurrent varicosities due to persistent or recurrent reflux of the GSV or AAGSV, treatment either with open surgical or endovascular techniques may be performed, with good outcomes expected.
9.1.3.	For patients with symptomatic recurrent varicosities due to persistent or recurrent reflux at the groin, either EVLA or RFA can be used if there is a straight GSV stump, long enough for thermal ablation. Sclerotherapy or phlebectomy should be performed for recurrence due to neovascularization.
9.1.4.	For patients with symptomatic recurrent varicosities due to persistent or recurrent reflux of the SSV, UGFS should be performed.
9.1.5.	For patients with residual or recurrent varicosities due to incompetent perforator veins, treatment with both open and endovascular techniques may be used depending on the physician's experience, patient choice and availability of technology.

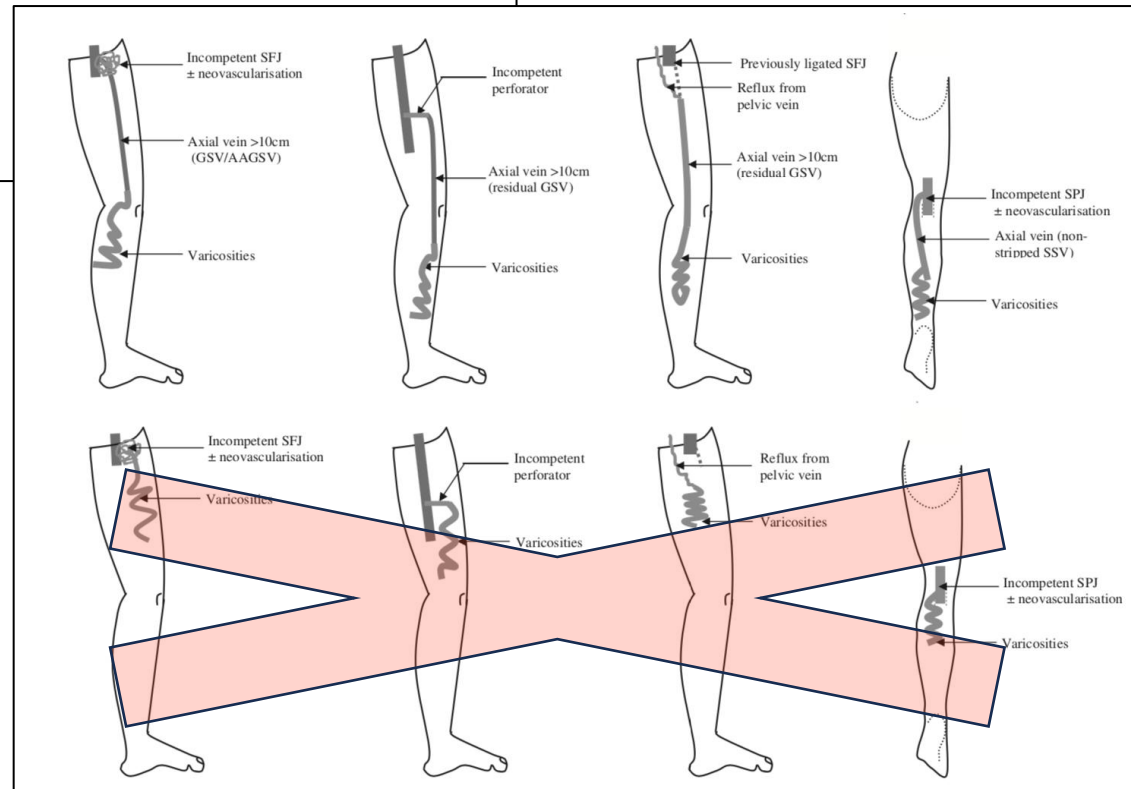
De l'histoire ancienne ?



Endovenous Laser Ablation (EVLA) to Treat Recurrent Varicose Veins

N.S. Theivacumar, M.J. Gough*

98% d'occlusion de la veine axiale à 3 mois



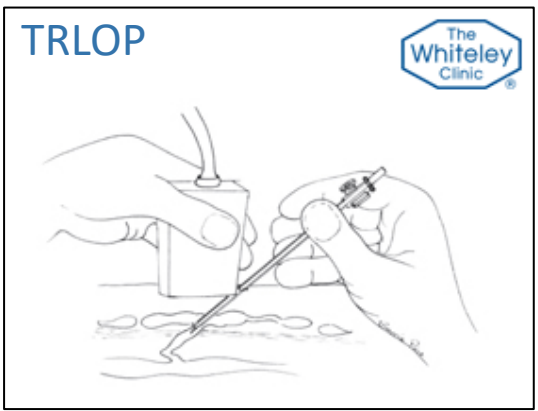
C'est une technique éprouvée ?



Five-year results of incompetent perforator vein closure using TRans-Luminal Occlusion of Perforator

J L Bacon, A J Dinneen, P Marsh, J M Holdstock, B A Price and M S Whiteley
The Whiteley Clinic, Stirling Road, Guildford, UK

Phlebology 2009;**24**:74–78. DOI: 10.1258/phleb.2008.008016



37 patients
58 jambes
125 perforantes
Occlusion 81% à 1 an

RESEARCH ARTICLE

Technique and early results of endovenous laser ablation in morphologically complex varicose vein recurrence after small saphenous vein surgery

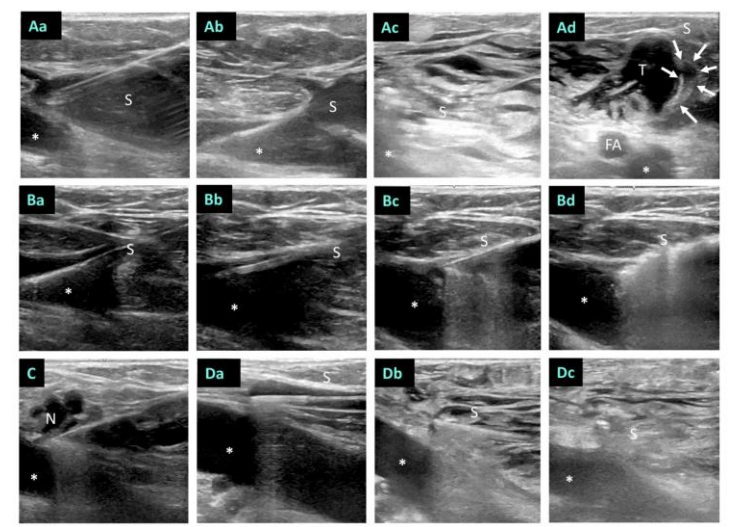
Lars Müller^{1,2*}, Eike Sebastian Debus², Syrus Karsai^{3,4}, Jens Alm¹

RESEARCH ARTICLE

Feasibility and technique of endovenous laser ablation (EVLA) of recurrent varicose veins deriving from the sapheno-femoral junction—A case series of 35 consecutive procedures

Lars Müller^{1*}, Jens Alm¹
Department of Vascular Surgery, Dermatologikum Hamburg, Hamburg, Germany

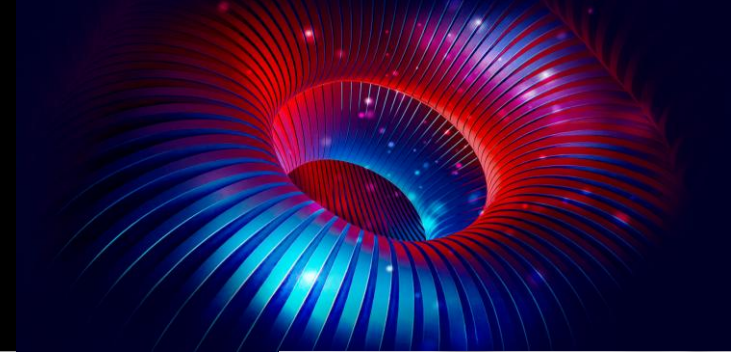
22 « néo-jonction » GSV
35 « néo-jonction » SSV
Occlusion 97% à 10 jours



Muller L, Alm J (2020) *PLoS ONE* 15(7)

Muller L, Debus ES, Karsai S, Alm J (2024) *PLoS ONE* 19(10)

Alternatives peu crédibles



Clinical spectrum of recurrent postoperative varicose veins and efficacy of sclerotherapy management using the compass technique

B McDonagh*, **S Sorenson***, **C Gray***, **D E Huntley***, **P Putterman***, **T King***, **T Eaton***, **C Martin***, **J L Harry***, **A Cohen*** and **R C Gupta†**

*Illinois Phlebology Group, Schaumburg, Illinois, USA; †Department of Clinical Research, Venous Research Foundation, Chicago, Illinois, USA.

Injections répétées
Recanalisations tardives
Ré-injections itératives



Table 4 Recanalization and obliteration following COMPASS technique treatment for REVAS

Parameter	Baseline	Stage 1*	Stage 2*	Stage 3* (Initial)	Stage 3b* (Follow up)	P value
Recanalization						
Groin reflux						
SFJ and GSV/MB	190	72 (38%)	24 (13%)	6 (3%)	5 (3%)	<0.01, 97% obliteration (baseline vs 1-3b)
Thigh reflux						
GSV and MB/collateral	25	10 (40%)	2 (8%)	0	0	<0.05, 100% obliteration (baseline vs 3-3b)
SSV	29	14 (48%)	0	0	0	<0.05, 100% obliteration (baseline vs 2-3b)
Others	9	2 (22%)	0	0	0	
Mean injections (n)		3.9±1.2	1.9±1.4	1.3±1.1	1.2±0.9	NS
Mean amount injected (ml)†		10.1±8.1	3.8±2.9	3.1±1.2	2.8±1.6‡	<0.01, 1 vs 2-3

n=253; *Time scale for stage 1 (4-6 weeks), stage 2 (3-6 months) and stage 3 (1 year); †mean volumes of unfoamed sodium tetradecyl sulphate; ‡range (0.5-51 ml); COMPASS, comprehensive objective mapping, precise image-guided injection, antireflux positioning and sequential sclerotherapy; REVAS, recurrent varices after surgery; SFJ, saphenofemoral junction; GSV, greater saphenous vein; MB, major branch; SSV, short saphenous vein

Alternatives peu crédibles



Original Article

Treatment of incompetent perforators in recurrent venous insufficiency with adhesive embolization and sclerotherapy

Krishna Prasad BP, Binu Joy, Ajith Toms and Teena Sreeba

Phlebology

Phlebology
0(0) 1–9
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DOI: 10.1177/0268355517696612
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69 patients
191 perforantes
Ponction directe de la perforante

Occlusion 100%
Extension VP: 4,8%
TVS persistante: 38,5% !



Original Article

Ultrasound-guided cyanoacrylate injection for the treatment of incompetent perforator veins

Alexa Mordhorst , Gary K Yang , Jerry C Chen, Shung Lee and Joel Gagnon

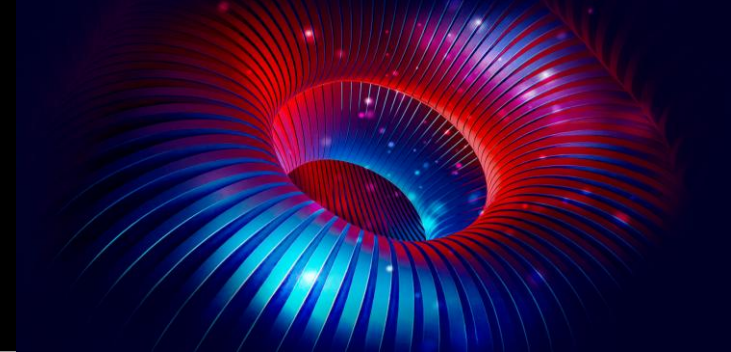
Phlebology

Phlebology
2021, Vol. 36(9) 752–760
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83 perforantes
Ponction directe de la perforante

Occlusion 86 % à 70 jours
Aucune TVP
TVS 16% dont 5% persistantes
Une thrombophlébite septique

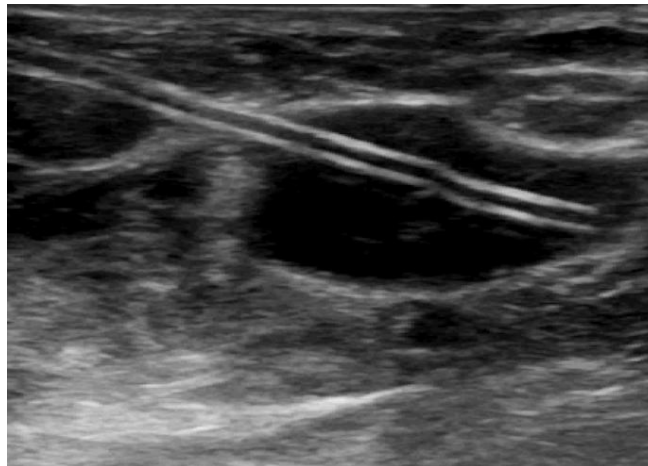
Alternatives plus disponibles



Steam Vein Sclerosis for Nonsaphenous varicose veins

[J. Lacquemanne](#)¹ · [C.C. Bamdé](#)^{1,2}   · [F. Lareyre](#)^{3,4,5} · [E. Steinmetz](#)^{1,2} · [O. Creton](#)⁶

[Affiliations & Notes](#)  [Article Info](#) 



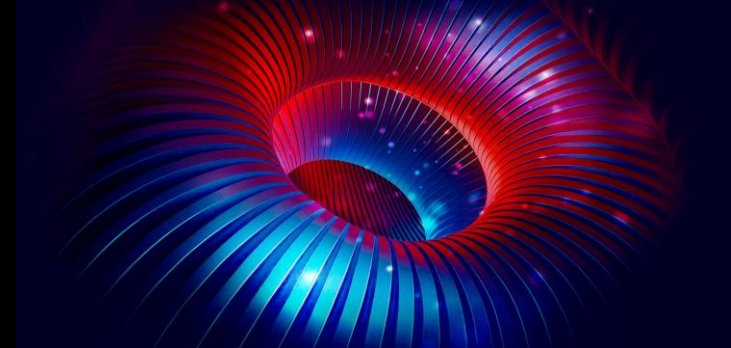
83 patients

86% occlusion à 3 mois

2% de TVP

2% de paresthésies

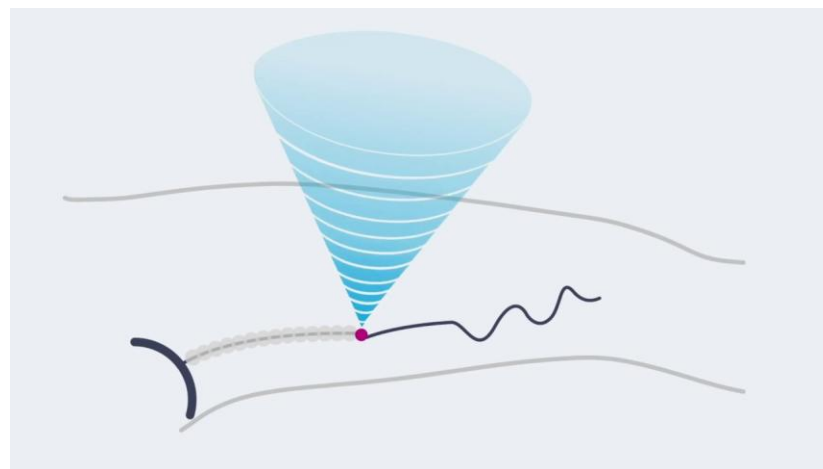
Des alternatives futures ?



High intensity focused ultrasound in treating incompetent perforator veins

[Paolo Casoni](#), [Emanuele Nanni](#), [...], and [Daniele Bissacco](#)    [View all authors and affiliations](#)

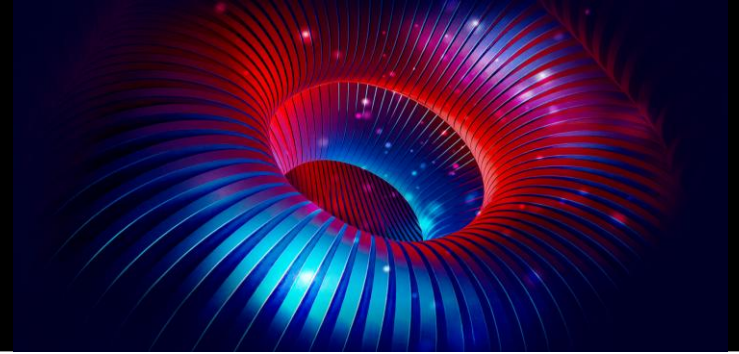
[Volume 40, Issue 10](#) | <https://doi.org/10.1177/02683555251338767> | [View article versions](#)



25 perforantes
100% d'occlusion à un an



A retenir



Il n'y a plus de place à la chirurgie dans la récurrence

Le laser est la technique de référence aujourd'hui

Résultats à évaluer

L'HIFU demain ?

