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A STUDY OF CASES WITH RECURRENCE AFTER ENDOVENOUS ABLATION FOR VARICOSE VEINS

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BACKGROUND: Although endovenous ablation for varicose veins achieves favorable outcomes, there are also reports of recurrence after seven years has passed since approval of the procedure for insurance reimbursement in Japan. We investigated the relevant factors.

METHODS: We studied 2,760 patients who underwent endovenous ablation between January 2013 and December 2017 (966 men / 1,794 women; age, 65.8 ± 13.9 years; classification, C1: 25 / C2: 2,108 / C3: 44 / C4a: 432 / C4b: 83 / C5: 38 / C6: 30). The great saphenous vein (GSV) was treated in 2,208 patients, and the small saphenous vein (SSV) in 552. The devices used were Laser 980nm in 480 patients, Laser 1,470nm in 1,257, and ClosureFast in 1,023. Based on the standard procedure, ablation was applied at 10 mm peripherally from the junction for both GSV and SSV and at 20 mm from the proximal end of the popliteal crease for high-bifurcation-type SSV. The patients were followed up via ultrasonography for 6-12 months after surgery. The endpoints were the distance (mm) from the sapheno-femoral junction (SFJ) / sapheno-popliteal junction (SPJ) to the occluded stump, the ablated vein reduction rate (postoperative diameter/preoperative diameter $\times 100$) (%), and the number of branches draining to the SFJ. Pathological conditions of recurrence concern were defined as inadequate ablation in the early postoperative period, distance to the occluded stump >50 mm, an elevated reduction rate, and recanalization of branches around the SFJ in the intermediate postoperative period.

RESULTS: Twenty-one patients were finally included (5 men / 16 women; age, 65.8 ± 10.1 years; classification, C2: 12 / C4a: 5 / C4b: 1 / C6: 9). GSV was treated in 14 patients, and SSV in 7. Laser 1,470nm was used in 8 patients, and ClosureFast in 13. In the early postoperative period, the vein was patent in 1 patient, and the distance to the occluded stump was >50 mm in 6. In the intermediate postoperative period, the distance was >50 mm in 7 patients (mean period: 91.5 days). One patient developed a varicose vein in a neovessel at the occluded stump. The postoperative ablated vein reduction rates and number of branches were 33.4% and 14.6% and 0.42 and 1.14 in

the early and intermediate postoperative periods, respectively.

CONCLUSION: This study comparing cases with and without recurrence concerns demonstrated that recurrence is not causally related with occlusion proximal to the junction between a branch to be blocked and a deep vein or a favorable rate of reduction in the preoperative vein diameter.