Endophlebectomy plus stent vs. stent reconstruction alone for PTS patients with poor inflow vessels

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LINC 2019
Disclosure

I have the following potential conflicts of interest to report:

- Receipt of grants/research support
  - Medtronic, BD BARD, Cook, Ab medica, Bentley, Optimed, BTG

- Receipt of honoraria and travel support
  - Medtronic, BD BARD, Cook, Ab medica, Bentley, Optimed, BTG
Hybrid Stent + Endophlebectomy
Hybrid Stent + Endophlebectomy

- Patients: 62
- Follow up (m): 48
- Patency
  - primary: 60.2%
  - assisted primary: 74.6%
  - secondary: 83.1%

Group of patients included

Wound healing disorder 18% !!
Endo stenting into the FV

- Patients: 20
- Follow up (m): 18
- Patency:
  - primary: 60%
  - ass. primary: 70%
  - secondary: 70%

Group of patients included


Stent extension into a single inflow vessel is a valuable option after endophlebectomy.
Endo stenting into the FV

Is this really a good inflow?
### Table 1. Distribution of Postthrombotic Changes before Treatment in Treated Veins

<table>
<thead>
<tr>
<th>Number</th>
<th>Iliac Vein</th>
<th>Common Femoral Vein</th>
<th>Femoral Vein</th>
<th>Deep Femoral Vein</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>50%-90%</td>
<td>&lt; 10%</td>
<td>50%-90%</td>
<td>10%-50%</td>
</tr>
<tr>
<td>2</td>
<td>50%-90%</td>
<td>10%-50%</td>
<td>10%-50%</td>
<td>10%-50%</td>
</tr>
<tr>
<td>3</td>
<td>10%-50%</td>
<td>10%-50%</td>
<td>10%-50%</td>
<td>10%-50%</td>
</tr>
<tr>
<td>4</td>
<td>&lt; 10%</td>
<td>&lt; 10%</td>
<td>10%-50%</td>
<td>10%-50%</td>
</tr>
<tr>
<td>5</td>
<td>50%-90%</td>
<td>10%-50%</td>
<td>10%-50%</td>
<td>10%-50%</td>
</tr>
<tr>
<td>6</td>
<td>&lt; 10%</td>
<td>&lt; 10%</td>
<td>&lt; 10%</td>
<td>&lt; 10%</td>
</tr>
<tr>
<td>7</td>
<td>50%-90%</td>
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<td>10%-50%</td>
<td>10%-50%</td>
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<tr>
<td>8</td>
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<td>50%-90%</td>
<td>10%-50%</td>
<td>0%</td>
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<tr>
<td>9</td>
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<td>50%-90%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
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<td>10%-50%</td>
<td>50%-90%</td>
<td>0%</td>
</tr>
<tr>
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<td>50%-90%</td>
<td>0%</td>
</tr>
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<td>10%-50%</td>
<td>10%-50%</td>
<td>&lt; 10%</td>
</tr>
<tr>
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<td>10%-50%</td>
<td>10%-50%</td>
<td>&lt; 10%</td>
</tr>
<tr>
<td>14</td>
<td>50%-90%</td>
<td>10%-50%</td>
<td>&lt; 10%</td>
<td>&lt; 10%</td>
</tr>
</tbody>
</table>

Note—Percentages represent the obstruction of presented veins.
Endo stenting into the DFV

Is this really a good inflow?
Endo stenting or PTA of FV

- Patients: 114
- Follow up (M): 36
- Patency:
  - primary: 52%
  - secondary: 85%

The patency for the iliac tract

<table>
<thead>
<tr>
<th></th>
<th>Patency of FV at 6 months</th>
<th>Patency of FV at 1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FV-S</td>
<td>FV-A</td>
</tr>
<tr>
<td>Patency</td>
<td>11%</td>
<td>3%</td>
</tr>
</tbody>
</table>

The patency rate of the femoral vein after angioplasty or/and stenting

FV-S = Femoral vein stenting
FV-A = Femoral vein angioplasty
Endo
Recanalization of iliac tract with PTA of FV and EKOS Lysis 24 h
(Access PTS study)

Courtesy Dumantepe
Can we compare these postthrombotic cases with each other?

Do not compare apples with oranges !!!
Classification

Classification based on anatomical expansion of the postthrombotic trabeculation (> 50% lumen reduction)

Extensive chronic venous obstruction with low inflow
Conclusion

- Till date there is no evidence regarding the treatment options of patients with extensive CVO.
- There is a need for a classification of the so-called chronic venous obstruction.
- They should be approached in high volume venous centres under controlled research settings.
- In the case of longer involvement of the FV and DFV, the Access PTS technique might be an option.
Thank you very much

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