



DERMATOLOGICAL SURGERY

HIGH VOLUME - LOW CONCENTRATION FOAM SCLEROTHERAPY FOR TREATMENT OF LARGE VARICOSE VEINS AND ASSOCIATED ULCERS - A CONSECUTIVE COHORT ANALYSIS OF ITS SAFETY AND EFFICACY IN 130 PATIENTS

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Introduction: Varicose Veins (VV) of lower limbs and the associated complications like stasis eczema and ulcers, and lipodermatosclerosis are frequently encountered problems. Foam Sclerotherapy is an old underutilized modality for the treatment of these.

Objectives: To study the safety & efficacy of low concentration – high volume Foam Sclerotherapy with Polidocanol in treatment of large VV and associated Stasis Eczemas & Ulcers.

Materials & Methods: 130 patients with VV and associated Stasis Eczemas & Ulcers were included. For each patient, history and clinical assessment was done and the Venous Clinical Severity Score (VCSS) was calculated. Ultrasound examination was performed. The sclerosant used was 0.2% Polidocanol, which was made into a foam, by the Tessari technique by mixing with air in the ratio of 1:1, and injected at multiple sites.

The maximum amount of foam injected per session was upto 120 ml after reconstitution.

Compression stockings were prescribed for 3 weeks post procedure. The VCSS were reassessed at the followup visits on Day 7, 30 90 post procedure.

Results: 80% of the patients with Stasis Eczemas & Ulcers had complete healing/improvement of the lesions at 3 months postprocedure.

70% of the patients had complete obliteration of the VV, remaining 30% patients had few segments of unobliterated VV, as documented by ultrasound examination. These segments were reinjected with the sclerosant on Day 90.

100% of the patients had statistically significant (p value < 0.05) improvement in the VCSS score.

Associated complications like pain, purpura & edema post the procedure were observed in





20% of the patients.

Conclusion: Foam Sclerotherapy is highly efficacious and safe in management of the eczema, pain, itching, edema and ulcers associated with VV. Pigmentation does not immediately resolve. A patient may require 1 or 2 more sittings for complete obliteration and symptomatic relief.

