Hi! I am Peter Gloviczki from Mayo Clinic, Editor-in-Chief of the Journal of Vascular Surgery: Venous and Lymphatic Disorders (JVS-VL). I am pleased to introduce the November 2021 issue of the JVS-VL and highlight four outstanding papers, which are freely available for the next 2 months.

The Editors' Choice article and CME article this month is on “Early thrombosis after iliac stenting for venous outflow occlusion is related to disease severity and type of anticoagulation,” by William Marston and colleagues from the University of North Carolina in Chapel Hill. This retrospective cohort study includes a select group of 106 patients with occlusion of the common femoral, external, or common iliac veins who underwent stenting. Early thrombosis occurred in 25.1%. Primary patency was 58.5% at 3 years and secondary patency was 76.1%. Stent thrombosis was significantly more frequent in those with more extensive occlusion and a hypercoagulable state and less frequent in patients treated with 10 days of low-molecular-weight heparin after intervention. The take home message of this paper is that stent patency for iliofemoral venous occlusion is significantly lower than for stenting of nonthrombotic stenotic lesions. In patients with occlusion, the authors recommend a 3 to 4 weeks course on low-molecular-weight heparin after stenting, before transitioning to an oral anticoagulant.

The next article for this issue is on the “Catheter-based interventions vs medical and surgical approaches in acute pulmonary embolism,” written by Cires-Drouet and colleagues from Baltimore, Maryland. This is a retrospective study of 108 patients with acute pulmonary embolism. Thirty patients underwent catheter-based interventions (CBIs) and results were compared with those in 62 patients treated medically and in 16 patients who were treated with surgical approaches. Patients who were treated with catheter-based interventions experienced fewer recurrent pulmonary embolisms (PEs) than those who were treated medically (0% vs 6.4%). Surgical pulmonary embolectomy improved mortality compared with that for CBI-treated patients (0% vs 16.6%) but resulted in a longer median length of stay (7 days vs 8 days). The take home message in this paper is that in high-risk PE patients, a surgical approach still might be safer than CBI.

The next article I would like to highlight is on “Stratification of pelvic venous reflux in patients with pelvic varicose veins.” It was authored by Sergey Gavrilov and colleagues from the Savelyev University Surgical Clinic in Moscow, Russia. This retrospective study of 600 patients with pelvic varicose vein found that predictors of pelvic pain severity included duration of venous reflux (>2 seconds and combined valvular incompetence present in the parametrial, uterine, and gonadal veins. Asymptomatic patients only had mild reflux and rare involvement of gonadal and uterine veins.

The final, quite provocative article I would like to introduce you was written by Arjun Jayaraj and colleagues from Jackson, Mississippi. It is titled “Utility of the 50% stenosis criterion for patients undergoing stenting for chronic iliofemoral venous obstruction.” In this retrospective study of 480 patients who underwent iliofemoral venous stenting, 283 had low grade stenosis (<50%) and 197 underwent high grade stenosis (>50%). There was significant improvement in Venous Clinical Severity Score (VCSS) at 24 months in both groups and there was no difference in primary or secondary patency rates between the groups. The authors concluded that the degree of stenosis did not seem to affect the initial clinical presentation, CEAP class of results of direct venous pressure measurement, and that stenting improved quality of life in patients independent of the degree of stenosis. The authors concept that symptomatic patients with chronic iliofemoral venous obstruction who have impaired quality of life should be treated even if their stenosis is only 20% needs further investigation. It should also be noted that currently the vascular societies’ appropriate use criteria for venous stenting considers intravascular ultrasound determined stenosis of ≥50% as a threshold for indication of stenting in symptomatic patients.

These were just four of the many excellent papers that we have published in the November 2021 issue of the JVS-VL. We hope you will enjoy reading all of them. Please read JVS journals in print, on our websites, on social media, and let us know if you have any comments or questions. Thank you for watching and see you next time for the highlights of the January issue of the JVS-Venous and Lymphatic Disorders.

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


