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 four outstanding papers from the March issue of the JVS-VL. These are freely available for everyone for the next 2 months.

The Editors’ Choice and CME article for this issue is on “Institutional trends over a decade in catheter-directed interventions for pulmonary embolism,” written by Dr Abou Ali and colleagues from Pittsburgh, Pennsylvania. In this retrospective study of 372 patients who underwent catheter-directed thrombolysis for pulmonary embolism, ultrasound-assisted thrombolysis was used most frequently earlier in the study and suction thrombectomy was used preferentially more recently. During the years, mean TPA dose and mean lysis time decreased significantly. Clinical success with for submassive pulmonary embolism (PE) was 91.2% and for massive PE it was 58.1%. Major bleeding rates were 5.3% for sub-massive and 25% for massive PEs.

The next article I would like to introduce reports on “Contemporary rates of inferior vena cava filter thrombosis and risk factors.” This paper was authored by Dr Ryan King and colleagues from Charleston, South Carolina. In this Vascular Quality Initiative (VQI) study, 78 (1.3%) inferior vena cava filter (IVCF) thrombosis occurred out of 5780 cases of IVCFs placed during a 2-year follow up. Factors that were associated with filter thrombosis included new/propagated deep vein thrombosis, internal jugular venous access, venous thromboembolism on admission, temporary IVCF, and lack of antiplatelet therapy during follow-up. The take home message of this paper is that antiplatelet therapy should be considered in these patients to prevent filter thrombosis.

The third article I would like to present is entitled “Pregnancy after iliac vein stenting for pelvic venous insufficiency,” written by Dr Peter Pappas and colleagues. This retrospective study evaluated outcome of 16 iliac vein stents placed into 15 women at a mean of 350 days before 17 pregnancies. There were no stent thromboses in the study nor reinterventions for pregnancy-related compressions. Thrombosis prophylaxis was used with enoxaparin in 11 of 17 pregnancies. Thus, the authors concluded that potential pregnancy should not be a contraindication for iliac vein stenting in symptomatic patients.

The final article I would like to introduce is entitled “A multicenter randomized controlled trial of cyanoacrylate closure and surgical stripping for incompetent great saphenous veins,” written by Dr Joh and colleagues from South Korea. Sixty-three patients were randomized to cyanoacrylate closure with the VenaSeal System (Medtronic) and 63 had high ligation and stripping of the great saphenous vein. At 3 months, the closure rate of great saphenous veins was 100% in both groups. The pain and ecchymosis grades were lower in the cyanoacrylate closure group ($P < .001$) and minor complications occurred more often in the stripping group. The venous clinical severity score and quality of life had improved equally in both groups.

These were just four of the many excellent papers we published in the March 2022 issue of the JVS-VL. We hope you will enjoy reading all of them. Please read all four JVS journals in print, at our websites, or on social media and let us know if you have a comment or question. Thank you for watching and see you next time for the highlights of the May issue of the JVS-Venous and Lymphatic Disorders.

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

REFERENCES