

EVIDENCE BASED STATEMENT

DOMAIN **11**, Statement **03**

TOPIC: “Sclerotherapy indications and contraindications in chronic venous disease”

SEARCH TERMS & SOURCES

((sclerotherapy) AND (indication)) OR ((sclerotherapy) AND (contraindication))

INCLUSION CRITERIA

- Lower limb only
- Systematic Reviews, Meta-Analysis, Reviews
- Publication < 10 years, only ENG

SEARCH RESULT BEFORE - AFTER SELECTION

37/6

PERTINENT LITERATURE NOT IDENTIFIED BY THE LITERATURE SEARCH

1. De Maeseneer MG, Kakkos SK, Aherne T, et al. - European Society for Vascular Surgery (ESVS) 2022 Clinical Practice Guidelines on the Management of Chronic Venous Disease of the Lower Limbs. Eur J Vasc Endovasc Surg. 2022 Feb;63(2):184-267.
2. de Ávila Oliveira R, Riera R, et al. Injection sclerotherapy for varicose veins. Cochrane Database Syst Rev. 2021 Dec 10;12(12):CD001732.
3. Nakano LC, Cacione DG, Baptista-Silva JC, Flumignan RL. Treatment for telangiectasias and reticular veins. Cochrane Database Syst Rev. 2021 Oct 12;10(10):CD012723.
4. Giancesini S, Obi A, Onida S, et al. Global guidelines trends and controversies in lower limb venous and lymphatic disease. Phlebology. 2019 Sep;34(1 Suppl):4-66.
5. Trivedi MK, Kroumpouzou G, Murase JE. A review of the safety of cosmetic procedures during pregnancy and lactation. Int J Womens Dermatol. 2017 Feb 27;3(1):6-10.
6. Rabe E, Breu FX, Cavezzi A, et al. European guidelines for sclerotherapy in chronic venous disorders. Phlebology. 2014 Jul;29(6):338-54.
7. Bowes LE, Goldman MP. Sclerotherapy of reticular and telangiectatic veins of the face, hands, and chest. Dermatol Surg. 2002 Jan;28(1):46-51.

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IDENTIFIED REFERENCES

1. Gibson K, Gunderson K. Liquid and Foam Sclerotherapy for Spider and Varicose Veins. *Surg Clin North Am.* 2018 Apr;98(2):415-429.
2. Chwała M, Szczeklik W, Szczeklik M, et al. Varicose veins of lower extremities, hemodynamics and treatment methods. *Adv Clin Exp Med.* 2015 Jan-Feb;24(1):5-14.
3. Lopez AJ. Female Pelvic Vein Embolization: Indications, Techniques, and Outcomes. *Cardiovasc Intervent Radiol.* 2015 Aug;38(4):806-20.
4. Weiss MA, Hsu JT, Neuhaus I, et al. Consensus for sclerotherapy. *Dermatol Surg.* 2014 Dec;40(12):1309-18.
5. Rabe E, Pannier F; for the Guideline Group. Indications, contraindications and performance: European Guidelines for Sclerotherapy in Chronic Venous Disorders. *Phlebology.* 2014 May;29(1 suppl):26-33.
6. Lorenz MB, Gkogkolou P, Goerge T. Sclerotherapy of varicose veins in dermatology. *J Dtsch Dermatol Ges.* 2014 May;12(5):391-3.

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TEXT FOR INCLUSION IN THE DOCUMENT

DOMAIN 11, Statement 03, TOPIC: “Sclerotherapy indications and contraindications in chronic venous disease”

International guidelines present a general agreement in the indications of lower limb varicose veins treatment by sclerotherapy, extending it to the whole spectrum of the disease, from CEAP clinical class 1 to 6, even if with differences in the grades of recommendation and in the maximum volume allowed. While all the international documents agree in the allergy to the sclerosing agent as a contraindication, discrepancies are identified for the other possible factors.

While no clear evidence based data has been produced on the topic, expert opinion suggests particular post-procedural care in avoiding immediate mobilization of the patient and sudden Valsalva maneuver as this could facilitate vasospasm-related complication onset.

[Gianesini S, Obi A, Onida S, et al. Global guidelines trends and controversies in lower limb venous and lymphatic disease. Phlebology. 2019 Sep;34(1 Suppl):4-66].

Recent guidelines included also the sclerotherapy indication for the treatment of pelvic venous escape points. Nevertheless, no clear indications are available regarding neither the hemodynamic features of the targeted vessels nor the related drug concentration and volume.

[De Maeseneer MG, Kakkos SK, Aherne T, et al. - European Society for Vascular Surgery (ESVS) 2022 Clinical Practice Guidelines on the Management of Chronic Venous Disease of the Lower Limbs. Eur J Vasc Endovasc Surg. 2022 Feb;63(2):184-267].

A review reported sclerotherapy safety during pregnancy, but it must be avoided during the first trimester and the last 4 weeks of pregnancy. Further data are needed to provide a proper recommendation in this context.

[Trivedi MK, Kroumpouzou G, Murase JE. A review of the safety of cosmetic procedures during pregnancy and lactation. Int J Womens Dermatol. 2017 Feb 27;3(1):6-10].

Apart lower limb varicose veins, sclerotherapy use has been suggested for treatment of the face, hand and chest region.

Particular care should be used in these districts, especially on the face, as severe complications might arise and a lack of supporting literature is present up to the authors knowledge.

[Bowes LE, Goldman MP. Sclerotherapy of reticular and telangiectatic veins of the face, hands, and chest. Dermatol Surg. 2002 Jan;28(1):46-51].

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STATEMENT FOR PUBLIC EVIDENCE-BASED AWARENESS

DOMAIN 11, Statement 03

“Sclerotherapy is indicated in all stages of leg chronic venous disease. It is absolutely contraindicated in case of known allergy to the sclerosant drug, acute deep venous thrombosis and pulmonary embolism, local infection in the injection area or systemic infection, long-lasting immobility, known symptomatic right to left shunt in case of foam formulation. An expert physician must assess the single case for eligibility to sclerotherapy.”

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SELECTED REFERENCES

1. *Gianesini S, Obi A, Onida S, et al. Global guidelines trends and controversies in lower limb venous and lymphatic disease. *Phlebology*. 2019 Sep;34(1 Suppl):4-66
2. De Maeseneer MG, Kakkos SK, Aherne T, et al. - European Society for Vascular Surgery (ESVS) 2022 Clinical Practice Guidelines on the Management of Chronic Venous Disease of the Lower Limbs. *Eur J Vasc Endovasc Surg*. 2022 Feb;63(2):184-267
3. Trivedi MK, Kroumpouzou G, Murase JE. A review of the safety of cosmetic procedures during pregnancy and lactation. *Int J Womens Dermatol*. 2017 Feb 27;3(1):6-10
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identified LITERATURE BIAS

Outcome measure mainly focused on anatomical recurrence rather than also patient reported outcome and cost-effectiveness

SUGGESTED NEXT LINES OF RESEARCH

Homogeneous international indication and contraindication delivery