

EVIDENCE BASED STATEMENT

DOMAIN **04**, Statement **04**

TOPIC: “Ilio-femoral venous stenting indications”

SEARCH TERMS & SOURCES

((iliac vein) AND (stenting)) AND (indication)

INCLUSION CRITERIA

- Reviews
- Publication < 10 years, only ENG

SEARCH RESULT BEFORE - AFTER SELECTION

14/11

PERTINENT LITERATURE NOT IDENTIFIED BY THE LITERATURE SEARCH

1. Esposito A, Charisis N, Kantarovsky A, et al. A Comprehensive Review of the Pathophysiology and Clinical Importance of Iliac Vein Obstruction. Eur J Vasc Endovasc Surg. 2020 Jul;60(1):118-125
2. Rossi FH, Kambara AM, Izukawa NM, et al. Randomized double-blinded study comparing medical treatment versus iliac vein stenting in chronic venous disease. J Vasc Surg Venous Lymphat Disord 2018; 6(2):183-191
3. Rizvi SA, Ascher E, Hingorani A, et al. Stent patency in patients with advanced chronic venous disease and nonthrombotic iliac vein lesions. J Vasc Surg Venous Lymphat Disord 2018;6:457-463
4. van Vuuren TMAJ, Doganci S and Wittens CHA. Patency rates and clinical outcomes in a cohort of 200 patients treated with a dedicated venous stent. J Vasc Surg Venous Lymphat Disord 2018;6:321-329

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IDENTIFIED REFERENCES

1. Kutsenko O, McColgan Y, Salazar G. Iliac Vein Stenosis: Is the Data Strong Enough for Stenting in the Young Pelvic Venous Disorders (PeVD) Population? *Tech Vasc Interv Radiol*. 2021 Mar;24(1):100733.
2. Taha MAH, Busuttil A, Bootun R, et al. A clinical guide to deep venous stenting for chronic iliofemoral venous obstruction. *J Vasc Surg Venous Lymphat Disord*. 2022 Jan;10(1):258-266.e1.
3. Rodrigues LDS, Bertanha M, El Dib R, et al. Association between deep vein thrombosis and stent patency in symptomatic iliac vein compression syndrome: Systematic review and meta-analysis. *J Vasc Surg Venous Lymphat Disord*. 2021 Jan;9(1):275-284.
4. Hansrani V, Moughal S, Elmetwally A, et al. A review into the management of May-Thurner syndrome in adolescents. *J Vasc Surg Venous Lymphat Disord*. 2020 Nov;8(6):1104-1110.
5. Masuda E, Ozsvath K, Vossler J, et al. The 2020 appropriate use criteria for chronic lower extremity venous disease of the American Venous Forum, the Society for Vascular Surgery, the American Vein and Lymphatic Society, and the Society of Interventional Radiology. *J Vasc Surg Venous Lymphat Disord*. 2020 Jul;8(4):505-525.e4.
6. Chick JFB, Srinivasa RN, Cooper KJ, et al. Endovascular Iliocaval Reconstruction for Chronic Iliocaval Thrombosis: The Data, Where We Are, and How It is Done. *Tech Vasc Interv Radiol*. 2018 Jun;21(2):92-104.
7. Abou Ali AN, Avgerinos ED, Chaer RA. Role of Venous Stenting for Iliofemoral and Vena Cava Venous Obstruction. *Surg Clin North Am*. 2018 Apr;98(2):361-371.
8. Schleimer K, Barbati ME, Gombert A, et al. The Treatment of Post-Thrombotic Syndrome. *Dtsch Arztebl Int*. 2016 Dec 16;113(50):863-870.
9. Bækgaard N, Just S, Foegh P. Which criteria demand additive stenting during catheter-directed thrombolysis? *Phlebology*. 2014 May;29(1 suppl):112-118.
10. de Wolf MA, Arnoldussen CW, Wittens CH. Indications for endophlebectomy and/or arteriovenous fistula after stenting. *Phlebology*. 2013 Mar;28 Suppl 1:123-8.
11. Bækgaard N, Broholm R, Just S. Indications for stenting during thrombolysis. *Phlebology*. 2013 Mar;28 Suppl 1:112-6.

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TEXT FOR INCLUSION IN THE DOCUMENT

DOMAIN 04, Statement 04, TOPIC: “Ilio-femoral venous stenting indications”

Iliac vein stenosis studies are often not including a detailed haemodynamic characterization and they are often including patients previously affected by deep venous thrombosis. Moreover, the assessment is usually done just in the supine position, potentially altering the stenosis degree.

The obstruction must be evaluated into clinical context in order to provide proper indication to stenting.

***[Esposito A, Charisis N, Kantarovsky A, et al. A Comprehensive Review of the Pathophysiology and Clinical Importance of Iliac Vein Obstruction. Eur J Vasc Endovasc Surg. 2020 Jul;60(1):118-125].**

Advanced chronic venous disease signs and symptoms must be documented before indicating the treatment, avoiding procedures just for anatomical stenosis finding. In the clinical scenario, also pelvic venous disorder manifestations must be taken into account as possible indication to treatment. Among such symptoms, chronic pelvic pain, perineal heaviness, urinary urgency, postcoital pain, and vulvar or superficial non-saphenous veins varicosities must be included. In this context, iliac vein treatment can be taken into consideration together with ovarian vein embolization and/ or direct embolization of the perineal varicosities. A paucity of evidence-based data has been produced so far, therefore further investigations are needed before providing high grade recommendations.

[Kutsenko O, McColgan Y, Salazar G. Iliac Vein Stenosis: Is the Data Strong Enough for Stenting in the Young Pelvic Venous Disorders (PeVD) Population? Tech Vasc Interv Radiol. 2021 Mar;24(1):100733].

A 6 months follow up double-blind randomized clinical trial compared medical treatment (aminaphtone, 20-30 mmHg graduated compression stockings and bandaging) vs iliac vein stenting in 207 severe chronic venous disease patients, reporting superiority of the intervention in pain, venous clinical severity score and quality of life. Further studies including properly developed pharmacological, graduated compression and exercise protocols head to head comparison with stenting are needed, in particular with a mid-long term follow up.

[Rossi FH, Kambara AM, Izukawa NM, et al. Randomized double-blinded study comparing medical treatment versus iliac vein stenting in chronic venous disease. J Vasc Surg Venous Lymphat Disord 2018; 6(2):183191].

Rizvi et al. reported a 98.6% of stent patency at two years in non-thrombotic iliac vein lesions.

[Rizvi SA, Ascher E, Hingorani A, et al. Stent patency in patients with advanced chronic venous disease and nonthrombotic iliac vein lesions. J Vasc Surg Venous Lymphat Disord 2018;6:457-463].

Yet, complications in the 12 months follow-up have been reported in up to 39% of cases, therefore pointing out the need of further proper investigations on the topic and of only dedicated centers management of this procedure.

[van Vuuren TMAJ, Doganci S and Wittens CHA. Patency rates and clinical outcomes in a cohort of 200 patients treated with a dedicated venous stent. J Vasc Surg Venous Lymphat Disord 2018;6:321-329].

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STATEMENT FOR PUBLIC EVIDENCE-BASED AWARENESS

DOMAIN 04, Statement 04

“Venous ilio-femoral stenting for obstruction must be performed after specialist careful evaluation and only in patients affected by severe compromise.”

4 SELECTED REFERENCES

1. Esposito A, Charisis N, Kantarovsky A, et al. A Comprehensive Review of the Pathophysiology and Clinical Importance of Iliac Vein Obstruction. Eur J Vasc Endovasc Surg. 2020 Jul;60(1):118-125
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4. Rossi FH, Kambara AM, Izukawa NM, et al. Randomized double-blinded study comparing medical treatment versus iliac vein stenting in chronic venous disease. J Vasc Surg Venous Lymphat Disord 2018; 6(2):183191
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identified LITERATURE BIAS

heterogenous study populations in short follow up analysis

SUGGESTED NEXT LINES OF RESEARCH

1. Iliac vein stenosis stenting indication with/without only IVUS
2. Qualitative & quantitative assessment of the inflow veins