

EVIDENCE BASED STATEMENT

DOMAIN **01**, Statement **04**

TOPIC: “**C1 prevalence and clinical meaning**”

SEARCH TERMS & SOURCES

(chrnoic venous disease) AND (prevalence)

INCLUSION CRITERIA

- Lower limb only
- Reviews
- Publication < 10 years, only ENG

SEARCH RESULT BEFORE - AFTER SELECTION

420/18

PERTINENT LITERATURE NOT IDENTIFIED BY THE LITERATURE SEARCH

1. 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.
2. 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.
3. Ruckley CV, Evans CJ, Allan PL, Lee AJ, Fowkes FG. Telangiectasia in the Edinburgh Vein Study: epidemiology and association with trunk varices and symptoms. Eur J Vasc Endovasc Surg. 2008 Dec;36(6):719-24.
4. Evans CJ, Fowkes FG, Ruckley CV, Lee AJ. Prevalence of varicose veins and chronic venous insufficiency in men and women in the general population: Edinburgh Vein Study. J Epidemiol Community Health. 1999 Mar;53(3):149-53

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IDENTIFIED REFERENCES

1. Chaitidis N, Kokkinidis DG, Papadopoulou Z, et al. Treatment of chronic venous disorder: A comprehensive review. *Dermatol Ther.* 2022 Feb;35(2):e15238.
2. Alsaigh T, Fukaya E. Varicose Veins and Chronic Venous Disease. *Cardiol Clin.* 2021 Nov;39(4):567-581.
3. Ortega MA, Fraile-Martínez O, García-Montero C, et al. Understanding Chronic Venous Disease: A Critical Overview of Its Pathophysiology and Medical Management. *J Clin Med.* 2021 Jul 22;10(15):3239.
4. Kemp MT, Obi AT, Henke PK, Wakefield TW. A narrative review on the epidemiology, prevention, and treatment of venous thromboembolic events in the context of chronic venous disease. *J Vasc Surg Venous Lymphat Disord.* 2021 Nov;9(6):1557-1567.
5. Kim Y, Png CYM, Sumpio BJ, et al. Defining the human and health care costs of chronic venous insufficiency. *Semin Vasc Surg.* 2021 Mar;34(1):59-64.
6. Orhurhu V, Chu R, Xie K, et al. Management of Lower Extremity Pain from Chronic Venous Insufficiency: A Comprehensive Review. *Cardiol Ther.* 2021 Jun;10(1):111-140.
7. Salim S, Machin M, Patterson BO, et al. Global Epidemiology of Chronic Venous Disease: A Systematic Review With Pooled Prevalence Analysis. *Ann Surg.* 2021 Dec 1;274(6):971-976.
8. Mansilha A. Early Stages of Chronic Venous Disease: Medical Treatment Alone or in Addition to Endovenous Treatments. *Adv Ther.* 2020 Feb;37(Suppl 1):13-18.
9. Berti-Hearn L, Elliott B. Chronic venous insufficiency: A review for nurses. *Nursing.* 2019 Dec;49(12):24-30.
10. Youn YJ, Lee J. Chronic venous insufficiency and varicose veins of the lower extremities. *Korean J Intern Med.* 2019 Mar;34(2):269-283.
11. Lurie F, Obi A, Schul M, et al. Venous disease patient registries available in the United States. *J Vasc Surg Venous Lymphat Disord.* 2018 Jan;6(1):118-125.
12. Castro-Ferreira R, Cardoso R, Leite-Moreira A, Mansilha A. The Role of Endothelial Dysfunction and Inflammation in Chronic Venous Disease. *Ann Vasc Surg.* 2018 Jan;46:380-393.
13. Davies HO, Popplewell M, Singhal R, et al. Obesity and lower limb venous disease - The epidemic of phlebesity. *Phlebology.* 2017 May;32(4):227-233.
14. Onida S, Davies AH. Predicted burden of venous disease. *Phlebology.* 2016 Mar;31(1 Suppl):74-9.
15. Yam BL, Winokur RS, Khilnani NM. Screening for lower extremity venous disease. *Clin Imaging.* 2016 Mar-Apr;40(2):325-9.
16. Grant Y, Onida S, Davies A. Genetics in chronic venous disease. *Phlebology* 2017 Feb;32(1):3-5.
17. 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.
18. Wittens C, Davies AH, Bækgaard N, et al. Editor's Choice - Management of Chronic Venous Disease: Clinical Practice Guidelines of the European Society for Vascular Surgery (ESVS). *Eur J Vasc Endovasc Surg.* 2015 Jun;49(6):678-737.

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TEXT FOR INCLUSION IN THE DOCUMENT

DOMAIN 01, Statement 4 , TOPIC: “**C1 prevalence and clinical meaning**”

Leg telangiectasias and reticular veins are a cosmetic complaint affecting more than 40% of the population, whose management is offered broadly around the world. Non-hispanic whites and women have been reported to be more frequently affected.

Teleangectasias, also known as spider veins, are defined as <1 mm dilated blood vessels on the surface of the skin.

Reticular veins are <3 mm vessels located deeper in the skin.

The related issue can be only cosmetic or also pathological, as potentially associated with symptoms such as pain, burning or itching.

Possible risk factors for their appearance are family history, pregnancy, trauma, obesity and hormonal factors.

***[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].**

Considering more than 25% of the patients presenting teleangectasia are also affected by a deeper reflux leading to the venous hypertension, a proper history and diagnostic work-up is of paramount importance before whatever aesthetic management.

[Ruckley CV, Evans CJ, Allan PL, Lee AJ, Fowkes FG. Telangiectasia in the Edinburgh Vein Study: epidemiology and association with trunk varices and symptoms. Eur J Vasc Endovasc Surg. 2008 Dec;36(6):719-24].

International guidelines are missing homogenous and solid indications identifying the best diagnostic and treatment protocol: an issue associated also with the lack of comparative studies addressed to homogenous populations and related outcome measures.

[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].

It's important to point out that visible veins do not always indicate a severe functional disease and viceversa.

Therefore, also apparently merely aesthetic vein concerns must be managed by experts in venous and lymphatic disease.

[Criqui MH, Jamosmos M, Fronck A, et al. Chronic venous disease in an ethnically diverse population: the San Diego Population Study. Am J Epidemiol. 2003;158(5):448-456]

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STATEMENT FOR PUBLIC EVIDENCE-BASED AWARENESS

DOMAIN 01, Statement 04 “C1 prevalence and clinical meaning”

“Aesthetic treatment of leg veins must always be preceded by a careful assessment also of the deeper veins by a specialist”

SELECTED REFERENCES

1. *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.
2. Ruckley CV, Evans CJ, Allan PL, Lee AJ, Fowkes FG. Telangiectasia in the Edinburgh Vein Study: epidemiology and association with trunk varices and symptoms. *Eur J Vasc Endovasc Surg.* 2008 Dec;36(6):719-24.
3. 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.
4. Criqui MH, Jamosmos M, Fronck A, et al. Chronic venous disease in an ethnically diverse population: the San Diego Population Study. *Am J Epidemiol.* 2003;158(5):448-456

identified LITERATURE BIAS

Lack of homogeneous study population and standardized assessment

SUGGESTED NEXT LINES OF RESEARCH

Head to head comparison among the different techniques in homogenous study populations
Correlation between aesthetic vein treatment and hemodynamics feeding them