



# UIP NEWSLETTER,

## SEPTEMBER 2024



International Union  
of Phlebology

# LATAM INVITES YOU TO THE UIP CONGRESS

## BUENOS AIRES 2025

OCTOBER  
8TH TO 11TH



### ORGANIZING SOCIETIES



## “October 8-11, 2025: time to be ALL Buenos Aires”

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# UIP 2025



# HONOUR BOX

## PROF. MASSIMO DANESE

Prof. Massimo Danese, is to be recognized not "only" as an excellent vascular surgeon, but also as the most vivid promoter of multi-specialty interaction in the Regenerative Medicine field. Of notice, his focus in highlighting the APPROPRIATE practice in this rapidly evolving sector, for which reliable entities must be involved. In this sense, we congratulate the Regenerative Medicine and Surgery Italian Society he leads for the recent success in delivering institutional engagement both at national and international level. UIP looks with extreme attention to the evolution of this practice, in particular with a focus on vein-lymphatic wound care improvement.

Sergio Giancesini  
UIP President



Prof. Massimo Danese is a general and vascular surgeon graduated with an Executive Master's Degree in Health Management from La Sapienza University of Rome (Italy).

He is Director of Unit of Regenerative Medicine of the Cardio-Thoraco-Vascular Department at S. Giovanni Addolorata Hospital, Rome and President of the Italian Society of Regenerative Medicine and Surgery SIMCRI.

Prof. Danese has held various positions at the university level throughout his career and is currently Adjunct Professor of Master's Degree in Angiology at Cattolica del Sacro Cuore University, Rome, Scientific Director of Master's Degree in Regenerative Medicine at Link University, Rome and Adjunct Professor of Vascular Surgery at Link University, Rome.

He is also author of many printed newspapers and co-author of a large number of printed articles.

Professor Danese has been speaker at 285 national and international congresses in Vascular surgery and Phlebology, moderator at other 58 national and international meetings, President of 8 National Congresses and Scientific Director of Congresses and Training Courses of the specialty.

Actual President of the Societa Italiana de Medicina e Chirurgia Rigenerativa Polispecialistica.

## THE ROLE OF THE REGENERATIVE MEDICINE IN THE PHLEBOLYMPHOSTATIC ULCER



Prof Massimo Danese, MD  
President Societa Italiana de  
Medicina e Chirurgia Rigenerativa  
Polispecialistica

Venous stasis ulcers are chronic lesions characterized by a loss of tissue substance that does not heal spontaneously, resulting from hemodynamic alterations induced by venous hypertension.

This condition compromises perfusion, the diffusion of oxygen, and the exchange of nutrients to tissues, as a consequence of significant alterations in the microcirculatory unit.

Lymphatic ulcers are lesions that occur as a complication of primary or secondary lymphedema, though they are relatively rare, except in tropical and subtropical countries where the high incidence of filariasis correlates with a greater prevalence of such lesions. The appearance of these lesions is closely linked to the pathophysiology of lymphatic edema, the progression of lymphatic stasis with the accumulation of interstitial edema, and the resulting breakdown of the skin.

Phlebolymphostatic ulcers represent one of the most costly conditions for healthcare systems and have a significant impact on quality of life. Both phlebolymphostatic and lymphatic ulcers are the final manifestation of chronic veno-lymphatic disease.

Over the past 20 years, a new approach to the treatment of phlebolymphostatic ulcerative lesions has emerged: regenerative medicine. The technologies employed promote tissue regeneration, enabling the repair of lesions. Tissues have the capacity to regenerate themselves, as seen in the natural healing of skin injuries. In complex phlebolymphostatic ulcers, which reflect a severe and advanced stage of chronic veno-lymphatic disease (CEAP 5/6), regenerative medicine techniques can assist the skin in healing.

Regenerative medicine aims not to surgically repair ulcers but to stimulate tissue repair by promoting the action of growth factors. It represents a new therapeutic approach focused on biological tissue regeneration rather than replacement. This is achieved through the use of specific tissues, such as adipose tissue and blood, which activate and accelerate the regeneration process.

To this end, "cellular concentrates" are used, which contain numerous and important growth factors capable of stimulating various mechanisms involved in tissue growth, including angiogenesis, macrophage chemotaxis, fibroblast proliferation and migration, and collagen synthesis.

In the case of blood-derived tissue, platelets induce the repair and regeneration stimulus through the growth factors contained in their alpha granules, which are released during the clot formation process.



## THE ROLE OF THE REGENERATIVE MEDICINE IN THE PHLEBOLYMPHOSTATIC ULCER

These growth factors stimulate the replication of mesenchymal cells and exhibit chemotactic action toward polymorphonuclear cells, monocytes, and macrophages.

Additionally, growth factors contain small fragments of biologically active proteins, belonging to the cytokine group, that bind to membrane receptors to activate cellular functions, thereby promoting specific tissue regeneration.

Platelets are drawn from the patient's own blood (autologous), and through a centrifugation process, a platelet-rich plasma (PRP) concentrate is obtained, which is then injected locally into the tissue to be regenerated. Adipose tissue is also harvested from the patient (autologous) from fat deposits in the abdomen, and through a purification process, the stromal vascular fraction (SVF) is obtained. This fraction consists of a heterogeneous population of mesenchymal stem cells, pericytes, endothelial progenitor cells, and fibroblasts.

The PRP platelet concentrates and the stromal vascular fraction (SVF) are fundamental tools for the "natural regeneration" of damaged tissues in lymphatic and phlebological pathologies.

Massimo Danese, MD



# IN MEMORIAM

## Prof. Dr. Zoltán Várady

1937–2024

by Lorena Grillo



Prof. Dr. Zoltán Várady was born on March 28, 1937, in Budapest, Hungary. After completing his medical studies from 1955 to 1961, he earned his Doctor of Medicine degree, graduating with the highest honors, *summa cum laude*.

During his early surgical career in Hungary, he published numerous works in both Hungarian and German, and presented at conferences both domestically and internationally. His research and lectures garnered attention, leading to an invitation from the University Hospital of Frankfurt to join their team.

In 1966, Prof. Várady achieved his specialist certification in surgery in Budapest. On April 1 of that year, he relocated to Germany at the invitation of the University Hospital of Frankfurt, where he worked until June 1972 in the fields of vascular surgery and phlebology.

In 1972, Prof. Várady established his own medical practice, later expanding it into a private clinic specializing in phlebology, angiology, and lymphology, while remaining academically active. Over the years, he delivered numerous lectures at international congresses, scientific academies, and universities around the world.

Prof. Várady is renowned for developing the minimally invasive technique of phlebectomy, utilizing his specially designed instruments known as Várady hooks and spatulas. His pioneering work laid the foundation for atraumatic surgery performed under local anesthesia, revolutionizing treatment in his field.

In March 1987, he founded the International Workshop for Phlebology, a prestigious event held annually in Frankfurt for 35 years, and subsequently in various cities. This conference attracted physicians from more than 20 countries. Furthermore, on March 20, 1993, he founded the International Forum for Minisurgery of Varicose Veins, which today boasts more than 1,500 members.

In 1986, Prof. Várady was awarded a teaching position at the National University of Mexico, where he had been active since 1977. On November 26 of that year, he was granted the title of Professor. His extensive body of work was published in numerous scientific journals and books, and he was a prolific speaker, contributing to countless publications.

Even after retiring from daily practice, Prof. Várady remained deeply engaged in organizing phlebology congresses and continued to lecture worldwide, demonstrating his innovative techniques and instruments. His tireless dedication endured until his final days, as he was planning to present his Minisurgical Award at the annual meeting of the German Society of Phlebology in early October 2024.

Prof. Dr. Zoltán Várady passed away on September 20, 2024, in Frankfurt, Germany, following a brief but serious illness. With his passing, the medical community has lost an extraordinary individual—a doctor of unparalleled passion and vision. While he may no longer be with us, his legacy, achievements, and pioneering contributions to medicine will endure forever.



# SPEAKER'S CORNER

## PELVIC AWARENESS

### What we ignore becomes invisible to our eyes



Dr Joana Storino, MD, MSc  
Angiology and Vascular Surgery  
Vascular ultrasound with Doppler

Venous hemodynamics and the multiple connections of the pelvic region with the lower limbs, gluteal area, abdomen and perineum have always intrigued me. It's unsettling to realize that the same symptoms can correspond to different pathologies, while a single pathology can present varied symptoms. Most studies on pelvic venous disorders (PeVD), a term we use due to the lack of a more precise definition, are based on static images and histopathology.

This leads us to overlook the movement of blood and its various distributions, as well as the influence of position and gravity on the venous system.

All this enigma surrounding the pelvic region drove me to seek answers in books, illustrations, and even through the dissection of cadavers. One day, while examining the pelvic bone and still not fully understanding it, I decided to represent it on a canvas using acrylic paint, which dries quickly and does not allow for many adjustments, unlike the oil paint I was used to. That idea was fleeting, and I needed to act fast. Before the sun set, the wings of the iliac bone were already taking shape. What unfolded before me was a true metamorphosis: the pelvis transformed into a butterfly, whose fluttering wings would echo around the world, invoking the well-known butterfly effect.

This image reminds me of the importance of investigating pelvic venous issues that cause pain and the recurrence of varicose veins in the lower limbs. Thus, the Pelvic Team was born, which could only take its first steps with the support of a dedicated and curious team focused on pelvic varicose veins. Together, we combined our strengths and knowledge, and also our doubts, around real patients, realizing that we still have much to learn. Our journey is fuelled by curiosity and the desire to uncover these mysteries with insights from anatomy, radiology, angiology and vascular ultrasound. Like children encountering a new toy, we challenge ourselves and enjoy the process.



# SPEAKER'S CORNER

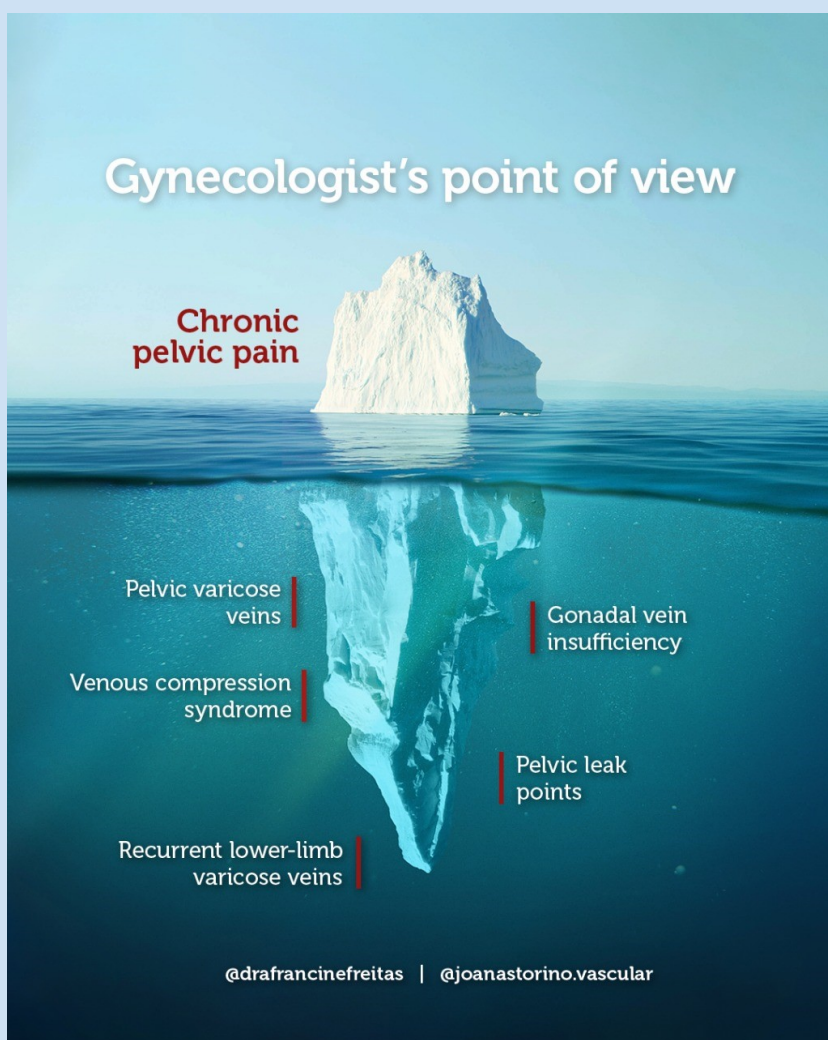
## PELVIC AWARENESS

### What we ignore becomes invisible to our eyes

The goal of the Pelvic Team is to raise awareness, facilitate connections, reach patients seeking quality information and providing answers to the questions that the global community still needs to clarify. However, this effort must be shared in order to make a real difference. The Pelvic Team needs to grow, not only within the vascular surgery community. It is essential to avoid a single-organ approach, making collaboration with urogynecology, physiotherapy, internal medicine, coloproctology and psychology.

We know that PeVD are the second leading cause of chronic pelvic pain, and yet these patients remain in diagnostic and treatment limbo, partly due to the complexity of the condition and the need for specialized training, but also because of general misunderstanding in both the medical community and general public. I am here to remind you that PeVD are treatable when diagnosed properly!

Currently, we are developing the first prevalence study of pelvic varicose veins in Brazil and have already published an investigation protocol based on ultrasound, an accessible method that requires specific training, which we are also promoting. Furthermore, we are working to include the code for pelvic varices embolization in the National Health Agency's list, which would greatly facilitate patient treatment. Interestingly, the code for varicocele embolization, the same condition in men, is already included. Does the visibility of the male gonad, being external, make the problem more apparent and diagnosable and treatable? Furthermore, there is a cultural effect that states "feeling pain is normal" and "it's part of a woman's life," which is exacerbated by the anatomical context of women, where many symptoms are incorrectly attributed to digestive or gynecological causes.



# SPEAKER'S CORNER

## PELVIC AWARENESS

### What we ignore becomes invisible to our eyes

I envision a future with greater awareness of deep venous pathologies, especially secondary PeVD (compressions of the iliac and renal veins), with more precise clinical and hemodynamic evaluations that go beyond static and morphological results. Simply measuring diameter is no longer sufficient; we need to define specific maneuvers during diagnosis. This will only be possible if we better understand the magnitude of the expected treatment effects, utilizing a clinical scoring system and outcome measures, as well as promoting randomized clinical trials with homogeneous study populations. It is crucial to address the gender imbalance in insurance coverage for similar pathologies, and continuous self-learning is vital for keeping up with this rapidly evolving field.

Finally, the Pelvic Team is an open group for everyone facing challenges in treating pelvic venous disorders and their implications for the lower limbs. It's time for vascular surgeons to understand their role and importance in the current scenario. Most vascular surgeons still do not investigate pelvic reflux, and this needs to change! It is essential to recognize that manifestations of chronic venous disease in the lower limbs often coexist with pelvic venous disorders; everything is interconnected.

Once, I heard from an ancient poet who often explored themes of what is forgotten or overlooked: 'There are ten thousand ways to engage with life and belong to your time.' The Pelvic Team is one of our best ways. I love the idea that together we can write the future as a team, and I warmly invite you to join us on this journey of pelvic awareness



Joana Storino



# UIP 2025: BUENOS AIRES, ARGENTINA



## YOUR WISHES FOR UIP 2025



Planning has begun for the **UIP World Congress in Buenos Aires in 2025.**

Start thinking now about what **YOU** would like to see at the Congress, as we will be releasing our **"Wishing Box"** for your suggestions.



# UIP 2025: BUENOS AIRES, ARGENTINA

## VENUE



LOCATION  
VENUE



## INTERCONTINENTAL HOTEL

### Buenos Aires

Business luxurious hotel in the center of Buenos Aires embodies the classic style of this historical city. With comfortable suites, interior pool and spa. This hotel, is entirely dedicated to the event, therefore offering the highest opportunities of branding, customization and contact among colleagues and industries

### ADDRESS

Moreno 809, Capital Federal, C1091AAQ, Buenos Aires, Argentina

### Phlebology World Hub:

- Intercontinental
- City
- Two
- Design
- Merit



# UIP 2025: BUENOS AIRES, ARGENTINA



## ACCOMMODATION VENUE

A “UIP Phlebology World Hub:” is going to be created by five hotels comfortably placed, at a walking distance, making possible to attend the event for all economic ranges.

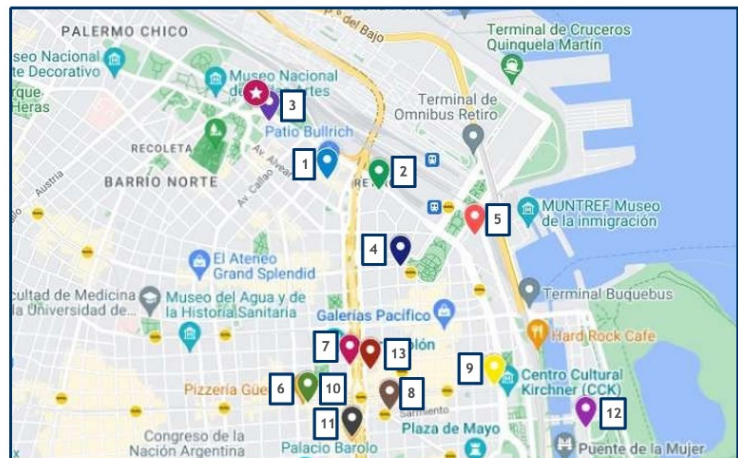


### Phlebology World Hub:

- Intercontinental
- City
- Two
- Design
- Merit



## OTHER OPTIONS



1. SOFITEL BUENOS AIRES RECOLETA 5\* - 175 ROOMS
2. EMPERADOR HOTEL BUENOS AIRES 5\* - 265 ROOMS
3. ESPLENDOR BY WYNDHAM BUENOS AIRES PLAZA FRANCIA 4\* - 49 ROOMS
4. HOTEL NH COLLECTION BUENOS AIRES CRILLON 4\* - 96 ROOMS
5. SHERATON BUENOS AIRES HOTEL & CONVENTION CENTER 5\* - 740 ROOMS
6. HOTEL NH BUENOS AIRES 9 DE JULIO 4\* - 175 ROOMS
7. HOTEL NH BUENOS AIRES NH TANGO 4\* - 108 ROOMS
8. HOTEL NH BUENOS AIRES LATINO 4\* - 100 ROOMS
9. HOTEL NH COLLECTION BUENOS AIRES JOUSTEN 4\* - 84 ROOMS
10. NOVOTEL BUENOS AIRES 4\* - 129 ROOMS
11. GRAND BRIZO BUENOS AIRES 4\* - 192 ROOMS
12. HOTEL HILTON BUENOS AIRES 5\* - 417 ROOMS
13. BUENOS AIRES MARRIOTT 5\* - 298 ROOMS



# INTERNATIONAL ANGIOLOGY: ACCESS

International Angiology, the *Official Journal of the International Union of Phlebology*, provides discount online journal access to members of UIP Member Societies.

- Tier 1\* societies - €45.00 per member, including taxes for online access
- Tier 2 and 3 societies\* - Free access
- Residents (Tier 1, 2 and 3) - Free access

Requests for access come directly from the Member Society for its members. If the member society does not wish to provide access, requests can come from individuals, providing they can provide proof of their membership status.

## Accessing the Journal - UIP Member Societies

1. Download: The membership template spreadsheet from the UIP website:

<https://www.uip-phlebology.org/uip-official-journal>

**DOWNLOAD**

2. Email your completed spreadsheet to International Angiology  
[journals.dept@minervamedica.it](mailto:journals.dept@minervamedica.it)

Ensure you include the detail of the Member society requesting access.

**EMAIL**

3. Payment: The society receives an invoice for Journal Access from International Angiology

**PAYMENT**

4. Once paid, each individual member receives journal access instructions from *International Angiology*

**ACCESS!**

\* UIP Tiers are defined by the UIP Constitution (Schedule 4), <https://www.uip-phlebology.org/constitution>



## Venous valve hypoxia as a possible mechanism of deep vein thrombosis: A scoping review

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<https://doi.org/10.23736/s0392-9590.24.05170-8>

### ABSTRACT

**Introduction:** The pathogenesis of deep vein thrombosis (DVT) has been explained by an interplay between a changed blood composition, vein wall alteration, and blood flow abnormalities. A comprehensive investigation of these components of DVT pathogenesis has substantially promoted our understanding of thrombogenesis in the venous system. Meanwhile, the process of DVT initiation remains obscure. This systematic review aims to collect, analyze, and synthesize the published evidence to propose hypoxia as a possible trigger of DVT.

**Evidence acquisition:** An exhaustive literature search was conducted across multiple electronic databases including PubMed, EMBASE, Scopus, and Web of Science to identify studies pertinent to the research hypothesis. The search was aimed at exploring the connection between hypoxia, reoxygenation, and the initiation of Deep vein thrombosis (DVT). The following key words were used: "deep vein thrombosis," "venous thrombosis," "venous thromboembolism," "hypoxia," "reoxygenation," "venous valve," and "venous endothelium." Reviews, case reports, editorials, and letters were excluded.

**Evidence synthesis:** Based on the systematic search outcome, 156 original papers relevant to the issue were selected for detailed review. These studies encompassed a range of experimental and observational clinical research, focusing on various aspects of DVT, including the anatomical, physiological, and cellular bases of the disease. A number of studies suggested limitations in the traditional understanding of Virchow's triad as an acceptable explanation for DVT initiation. Emerging evidence points to more complex interactions and additional factors that may be critical in the early stages of thrombogenesis. The role of venous valves has been recognized but remains underappreciated, with several studies indicating that these sites may act as primary loci for thrombus formation. A collection of studies describes the effects of hypoxia on venous endothelial cells at the cellular and molecular levels. Hypoxia influences several pathways that regulate endothelial cell permeability, inflammatory response, and procoagulation activity, underpinning the endothelial dysfunction noted in DVT.

**Conclusions:** Hypoxia of the venous valve may serve as an independent hypothesis to outline the DVT triggering process. Further research projects in this field may discover new molecular pathways responsible for the disease and suggest new therapeutic targets.

(Cite this article as: Shaydakov ME, Diaz JA, Eklöf B, Lurie F. Venous valve hypoxia as a possible mechanism of deep vein thrombosis: a scoping review. *Int Angiol* 2024;43:309-22. DOI: 10.23736/S0392-9590.24.05170-8)

**Key words:** Venous thrombosis; Venous thromboembolism; Hypoxia; Venous valves; Vascular endothelium.

## Risk factors related to venous thromboembolism in pregnant women: A meta-analysis

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<https://doi.org/10.23736/s0392-9590.24.05141-1>

### ABSTRACT

**Introduction:** The aim of this paper was to make a preliminary analysis of the risk factors related to venous thromboembolism (VTE) in pregnant women by Meta-analysis.

**Evidence acquisition:** Three databases including PubMed, Web of Science, and The National Library of Medicine (NLM) were systematically searched from their establishment to January 1, 2023, and the obtained data were statistically analyzed using RevMan5.3 software.

**Evidence synthesis:** A total of 10 studies were included, involving 22 risk factors, of which 16 were included for further analysis. Meta analysis showed that cesarean section (OR=2.05, 95%CI: 1.71, 2.47, P=0.007), gestational diabetes (OR=1.17, 95%CI: 1.09, 1.27, P<0.001), eclampsia or preeclampsia (OR=1.88, 95%CI: 1.42, 2.49, P< 0.001), obesity (OR=1.19, 95%CI: 1.04, 1.86, P=0.028), twin or multiple pregnancy (OR=2.34, 95%CI: 1.46, 3.76, P<0.001), chronic heart disease (OR=3.59, 95%CI: 3.28, 3.92, P<0.001), and blood transfusion history (OR=3.20, 95%CI: 2.78, 3.68, P<0.001) were risk factors for VTE in pregnant women.

**Conclusions:** Existing evidence suggests that cesarean section, gestational diabetes, eclampsia or preeclampsia, obesity (body mass index  $\geq 30$  kg/m<sup>2</sup>), twin or multiple pregnancy, chronic heart disease, and blood transfusion history may be risk factors for VTE in pregnant women. In clinical practice, the evaluation and management of VTE should be strengthened, and a model for clinical prediction of VTE can be established to provide a reference for the prevention of VTE.

(Cite this article as: He L, Liu J, Sun R, Qiu L, Tang L, Gao Y. Risk factors related to venous thromboembolism in pregnant women: a meta-analysis. *Int Angiol* 2024;43:323-30. DOI: 10.23736/S0392-9590.24.05141-1)

**Key words:** Pregnant women; Venous thromboembolism; Risk factors; Meta-analysis.

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# INTERNATIONAL ANGIOLOGY ABSTRACTS

## Comparative analysis of VenaBlock and VenaSeal Systems for catheter-guided endovenous cyanoacrylate closure in treating chronic venous insufficiency of the lower extremity: effectiveness and feasibility

**Ahmet K. BOZKURT<sup>1</sup>, Ozan O. BALKANAY<sup>1</sup>, Rasit DINC<sup>2\*</sup>**

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<https://doi.org/10.23736/s0392-9590.24.05143-5>

### ABSTRACT

Cyanoacrylate adhesive closure (CAC) systems are widely used to treat varicose veins. In terms of efficacy and safety, these nonthermal, non-tumescent methods are noninferior to endovenous thermal ablation techniques. However, no published studies have compared products that use CAC systems. VenaSeal® (Medtronic, Santa Rosa, CA, USA) and VenaBlock® (Invamed) are the most commonly used CAC-based products worldwide. This study aimed to focus on the efficacy of these two commonly used products, with little emphasis on safety. Published full-text articles on the VenaBlock® and VenaSeal® systems were searched. Data for each product were evaluated by comparing them with each other in terms of effectiveness. In total, 1882 extremities from 11 studies using VenaBlock® and 524 extremities from eight studies using VenaSeal® were included and compared. Both devices were effective, and their cumulative recanalization-free survival rates were similar ( $P=0.188$ ) at the 6-, 12-, 24-, 36-, and 60-month follow-ups. Both products improved the venous clinical severity score (VCSS) and quality of life (QoL) scores. VenaBlock® and VenaSeal® are effective in terms of cumulative recanalization-free survival rates, and no significant difference was found between the two groups ( $P=0.188$ ). Both significantly improve the VCSS and QoL scores. CAC is feasible for the treatment of varicose veins.

(Cite this article as: Bozkurt AK, Balkanay OO, Dinc R. Comparative analysis of VenaBlock and VenaSeal Systems for catheter-guided endovenous cyanoacrylate closure in treating chronic venous insufficiency of the lower extremity: effectiveness and feasibility. *Int Angiol* 2024;43:331-41. DOI: 10.23736/S0392-9590.24.05143-5)

**Key words:** Varicose veins; Ablation techniques; Quality of life.

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## Relationship between body figure and stump length in cyanoacrylate closure of varicose veins

**Daisuke AKAGI<sup>1,2\*</sup>, Kai MURASE<sup>3</sup>, Atsushi TABUCHI<sup>4</sup>**

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<https://doi.org/10.23736/s0392-9590.24.05174-5>

### ABSTRACT

**Background:** Recurrence of incompetent saphenous veins after treatment is associated with remnant reflux to the branches close to the saphenofemoral or saphenopopliteal junctions, which originate from the residual patent stump after saphenous vein treatment. This study aimed to determine the factors affecting residual stump length after cyanoacrylate closure.

**Methods:** This retrospective study used prospectively collected data of patients who underwent cyanoacrylate closure. Postoperative Duplex scanning was performed to evaluate occlusion of the target vein, stump length, and the presence of endovenous glue-induced thrombosis. The clinical outcomes and patient characteristics were also evaluated.

**Results:** Seventy procedures for incompetent saphenous veins were performed in 67 limbs of 47 patients. The average patient age was 43 (range, 43-89) years; 34 (72%) were female patients. Target vein occlusion was achieved in all patients and endovenous glue-induced thrombosis occurred in 1.5 % of patients. The mean stump length was 18.3 mm. Total occlusion from the junction was observed in 13 vessels (19%). Particularly, higher total occlusion rate was found in treatments of the small saphenous vein compared with those of the great saphenous vein (GSV). In 6 GSV treatments, longer stumps (>45 mm) remained. Those with a stump >45 mm were all female patients, with significantly shorter height and higher Body Mass Index compared with those with stump lengths <45 mm.

**Conclusions:** Body figure should be considered when performing cyanoacrylate closure to treat insufficient saphenous varicose veins. However, further investigations are to be warranted.

(Cite this article as: Akagi D, Murase K, Tabuchi A. Relationship between body figure and stump length in cyanoacrylate closure of varicose veins. *Int Angiol* 2024;43:342-7. DOI: 10.23736/S0392 9590.24.05174-5)

**Key words:** Varicose veins; Cyanoacrylates; Saphenous vein; Somatotypes.





# INTERNATIONAL ANGIOLOGY ABSTRACTS

## Automated 3D ultrasound bridges the gap between novices and experts in diameter assessment of abdominal aortic aneurysms

Natasha M. SVENDSEN \*, Jonas P. EIBERG, Laurence ROUET, Qasam M. GHULAM, Lene T. SKOVGAARD, Magdalena BRODA, Alexander ZIELINSKI, Karin YEUNG, Ulver S. LORENZEN

[DOI: 10.23736/S0392-9590.24.05278-7](https://doi.org/10.23736/S0392-9590.24.05278-7)



## Dyslipidemia and lower extremity arterial disease

Kosmas I. PARASKEVAS \*, Pavel POREDOS, Agata STANEK, Ales BLINC, Arkadiusz JAWIEN, Pier Luigi ANTIGNANI, Armando MANSILHA, Dimitri P. MIKHAILIDIS

[DOI: 10.23736/S0392-9590.24.05266-0](https://doi.org/10.23736/S0392-9590.24.05266-0)



## Safety of adjuvant open axillary access during complex thoracoabdominal aortic endovascular procedures

Fabricio BARAHONA \*, Gaspar MESTRES, Xavier YUGUEROS, Donovan RUIZ, Victoria GAMÉ, Daniel GIL-SALA, Carla BLANCO, Vicente RIAMBAU

[DOI: 10.23736/S0392-9590.24.05258-1](https://doi.org/10.23736/S0392-9590.24.05258-1)



## STABILISE for acute type B aortic dissection

Tatiana COTÃO, Joel SOUSA \*, Armando MANSILHA

[DOI: 10.23736/S0392-9590.24.05279-9](https://doi.org/10.23736/S0392-9590.24.05279-9)



## Successful treatment of chronic venous in-stent restenosis using a Phoenix atherectomy device

Fabian LINDEN \*, Thomas MIHU, Norbert FREY, Christian ERBEL

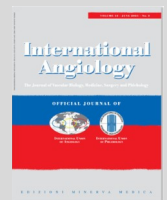
[DOI: 10.23736/S0392-9590.24.05279-5](https://doi.org/10.23736/S0392-9590.24.05279-5)



## Aorto caval fistulas

Lazar B. DAVIDOVIC, Igor B. KONCAR, Aleksa L. JOVANOVIC \*, Marko V. DRAGAS, Nikola S. ILIC, Milos M. SLADOJEVIC, Andreja D. DIMIC, Filip B. PETROVIC

[DOI: 10.23736/S0392-9590.24.05221-0](https://doi.org/10.23736/S0392-9590.24.05221-0)



## Prognostic value of body composition parameters by computed tomography in patients with lower extremity arterial disease: a single-center retrospective-prospective analysis

Natalia MYSIAK, Agata STANIEWSKA, Beata SZUKAY, Krzysztof TOJEK, Jacek BUDZYŃSKI \*

[DOI: 10.23736/S0392-9590.24.05227-1](https://doi.org/10.23736/S0392-9590.24.05227-1)



# UIP MONTH 24

in honor of March  
every



1959  
of the month

an **OPEN TO EVERYONE** zoom @  
**10 am** NYC time - **4 pm** Rome time – **9 pm** Bangkok time  
to hear **YOUR vision, YOUR ideas, YOUR needs**  
and to remember that

UIP starts with «U»



for YOUR topic reservation please write to [president@uipmail.org](mailto:president@uipmail.org).

<https://us02web.zoom.us/j/88913605824?pwd=QklhcDVPd01nQ3YvbTk5WUIMMFNaQT09>

Meeting ID: 889 1360 5824

Passcode: 916415

YOU



YOU

On behalf of all the International Union of Phlebology (UIP), I'd like to bring to all the healthcare professionals and the public attention the **UIP March 24 initiative**.

UIP was founded on March 24, 1959 and in the following 64 years it has been surely succeeding in bringing the vein & lymphatic world together, counting now on 81 Scientific Societies from all continents.

In order to honor **UIP March 24, 1959** birthday, every 24 of the month at 4 pm Rome time, myself and eventually available Executive Committee members will have an open to everyone zoom call where all the vein-lymphatic world and the public are invited to join to present their vision, ideas and eventual needs.

This glimpse of the current Phlebo-Lymphology around the world will provide the opportunity to analyze how the UIP can serve at best its member societies, while advocating for both colleagues and patients independently by their belonging or not to the UIP.

It's the UIP hope that you will like to take part in this initiative, so to develop together "present actions" while looking together at the brightest future.

Pre-submitted topics for discussion will have precedence in the hour dedicated to this initiative: in case, feel free to send yours at [president@uipmail.org](mailto:president@uipmail.org).



# UIP MONTH 24

The zoom call will be recorded so to allow everyone to enjoy the content on demand in case.

Looking forward for demonstrating together that **UIP starts with "U"**, UIP looks forward for **listening to "U"** at this zoom link:

<https://us02web.zoom.us/j/88913605824?pwd=QklhcDVPd01nQ3YvbTk5WUIMMFNaQT09>

**Meeting ID: 889 1360 5824    Passcode: 916415**

Whatever need, do not hesitate to reach out to me ([gnsstrg@unife.it](mailto:gnsstrg@unife.it) ; t. +393498012304)



*UIP Executive Committee 2022-2025*



Sergio Ganesini, MD PhD  
FACS

m. gnsstrg@unife.it  
t. +393498012304

UIP 2023-2027 president



# EVENTS UNDER THE AUSPICES OF THE UIP

## REPORT ON THE 4TH ANOTHER PHLEBOLOGY AND JOINT 13TH BALKAN VENOUS FORUM MEETING

The title **Another Phlebology** dates back to a time when new methods such as ultrasound diagnostics and endovenous interventions were introduced. These techniques brought significant changes to our discipline, making it another phlebology. We stick to this title because development has not stopped.

The main topics were sclerotherapy, foam sclerotherapy, classical, CHIVA and ablative surgery (laser, radio frequency, steam, glue, microwave, cryo and HIFU), aesthetic phlebology, ulcer treatment. Additional topics were: pathophysiology and diagnostics of venous diseases, thrombosis, post-thrombotic complications and their treatment, flavonoids, compression and other conservative therapies in everyday practice.

We focused on new observations and personal modifications, own ideas, instruments, diagnostic and treatment techniques, tips, experiences and surveys. The goal was to encourage colleagues to develop and present new or alternative ideas and techniques, not to denigrate them, because there have been too many misjudgements in the history of science. Preliminary reports were also accepted for presentation. Discussions were an important part of our meeting.

We, the organizers, developed a new scoring system together with the audience the novelty factor. This helped us to find the best talk, which was rewarded with a prize.

The winner was **Frantisek Zernoviczki** (Slovakia). He gave 2 excellent lectures, one on the knee perforator vein and the other on vulvar varicose veins.

The other prize, awarded by the v-WIN Foundation and presented by the President of the UIP, went to **Anel Okic** (Bosnia-Herzegovina). He talked about foam sclerotherapy treatment of venous ulcers. The prize is a free registration, accommodation and faculty inclusion at the V-ITALY Institutional Global Vein-Lymphatic Summit in Rome on September 3-6, 2025.

Big names could guarantee the high quality of the meeting: Sergio Giancesini, Andrew Nicolaides, Peter Gloviczki and Lowell Kabnick.



**Prof. Imre Bihari**  
**Chair Another Phlebology**

# EVENTS UNDER THE AUSPICES OF THE UIP

BALI  
www.vwinfoundation.com/v-windonesia/



TOGETHER FORWARD  
IN VEIN-LYMPHATIC CARE

v-HELP  
Humanitarian Educational Mission  
Oct 22-23, 2024

v-WINDonesia  
WORLD CONGRESS  
Oct 24-26, 2024

AFLIPBA



## IV jornadas de Flebología y Linfología de la Pcia de Buenos Aires

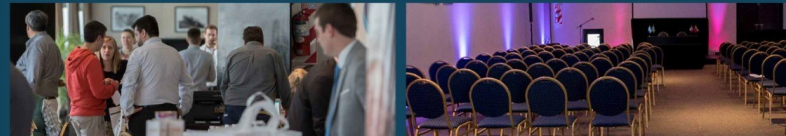
Trombosis ~ Heridas ~ Escleroterapia ~ Diagnóstico

 15 y 16 DE NOVIEMBRE 2024

 MIRAMAR, Pcia de Bs. As.



Premio IN MEMORIAM "Dr. Carlos Jara Dr. Sergio Cuacci" a la mejor Monografía



 SOCIÉTÉ FRANÇAISE DE  
**Phlébologie**

14 & 15 nov. 2024

# 82<sup>es</sup> Journées de la SFP Paris

CIUP | Cité Internationale Universitaire de Paris



# EVENTS

One of the main UIP visions is to **promote productive relationships among societies**. With this vision, we report both **events with UIP auspices and events without**, so to inform everyone about possible educational activities. The hope is also to offer a tool useful for the colleagues organizing future meetings, so to avoid overlapping among events.

For more information about events visit: <http://www.uip-phlebology.org/events>

If you would like your event to appear in the UIP Newsletter, contact us at [communications@uipmail.org](mailto:communications@uipmail.org)

## EVENTS CALENDAR

### OCTOBER 2024

**XX CACVyL Congress  
Past & Present of Phlebology**  
3-5 OCTOBER 2024  
*BUENOS AIRES, ARGENTINA*

### OCTOBER 2024

**Another Phlebology  
4th International Workshop &  
13th Balkan Venous Forum meeting**  
4-5 OCTOBER 2024

### OCTOBER 2024

**38th National Congress of the Italian Society  
of Phlebology**  
10-12 OCTOBER 2024  
*VERONA, ITALY*

### OCTOBER 2024

**XVI International Congress of Phlebology and  
Lymphology and 3° National Wounds  
Congress AMFYL 2024**  
16 - 19 OCTOBER 2024  
*LEON, GUANAJUATO, MEXICO*

### OCTOBER 2024

**vWINDONESIA Congress**  
22-26 OCTOBER 2024  
*BALI, INDONESIA*

### NOVEMBER 2024

**82nd Annual Meeting of the French Society of  
Phlebology**  
14 - 15 NOVEMBER 2024  
*PARIS, FRANCE*

### NOVEMBER 2024

**AFLIPBA IV Provincial Conference**  
15-17 NOVEMBER 2024  
*CARILÓ, ARGENTINA*

### OCTOBER 2025

**XXI UIP WORLD CONGRESS**  
8-11 OCTOBER 2025  
*BUENOS AIRES, ARGENTINA*



# UIP SOCIETY MEMBERSHIP: BENEFITS

**Did you know that as a member of UIP Society you can have access to different benefits?**

- ✓ Access to **International Angiology** -  
(Free access for medical residents and for Tier 2 and 3 society members)\*
- ✓ Access to **UIP Education Modules** (Free access for Tier 2 and 3)\*
- ✓ Access to **latest news, UIP Newsletter**
- ✓ Access to **UIP Discussion Forums**

*\*Tier: refers to the category of membership. If unsure about the classification of your country, please check on our website.*

## Accessing the Member Portal

1. Contact your society and ask them to add your name to the members of the UIP website.
2. The society uploads a membership list through their society page (Instructional Videos available online).
3. You will receive an email confirming your username and password.

### *International Angiology*

The Journal of Vascular  
Biology, Medicine, Surgery &  
Phlebology



Let your society know if you  
require International Angiology  
access\*.

*\*fees apply for Tier 1 countries*

### *UIP Education Modules*

Accessing the UIP Education  
Modules



1. Go to the **Online Education page**.
2. Click "**Enrol Now**".
3. Complete the forms with the information requested.

### *UIP Discussion Forums*

Accessing the UIP Discussion  
Forums



1. Log in the UIP website with your username and password.
2. Access the Discussion Forum through the member portal.



# UIP ANNOUNCEMENTS

## INVITATION FOR NEWSLETTER CONTENT

### UIP SPEAKER BOX

The UIP is delighted to offer all its members to report a comment in future editions of the UIP newsletter. Topics can be related to evidence based science, phlebotomy advancement, problem solving in clinical practice. If you are interested in submitting a comment, send a 300 word summary to:

[communications@uipmail.org](mailto:communications@uipmail.org)

## SPONSORSHIP OPPORTUNITIES

The UIP welcomes sponsorship for its newsletter from Industry. If you are interested in placing and advertisement or sponsoring the UIP newsletter, please contact us at:

[execdirector@uipmail.org](mailto:execdirector@uipmail.org)

## ABOUT US



The UIP Newsletter has been produced and distributed from Australia and Argentina, with the contribution of the members of the UIP.

The UIP Newsletter Editor is Gabriela Sfarcich from Argentina.

Advertising opportunities are available, and contributions and enquiries are welcome!

## SOCIAL MEDIA



### ***Keep in touch!***

Follow our social media accounts and make sure you will be notified of updates, deadlines and important news!

