

Voici les deux préfaces introductives de ce précis de terminologie, l'une de l'auteur **Michel Perrin**, l'autre de son préfacier **Robert L. Kistner**.

Ces deux textes illustrent l'importance de cet ouvrage utile pour tous les praticiens de la phlébologie.

WHY A GLOSSARY FOR PHLEBOLOGISTS?

Michel Perrin (Lyon, France)

The short answer is that we lacked a glossary, which is something the phlebology community needs. In reality, the idea started in 2008 when, with the fruitful and essential collaboration of my great friend Bo Eklöf (Sweden), we created a transatlantic consensus document on chronic venous disorders named VEIN-TERM.

This consensus document included thirty-three broadly used venous terms that are related to the management of chronic venous disorders of the lower extremities. In the literature on venous disease, there were discrepancies in the applicability and interpretation of these terms. The terms selected for inclusion in the VEIN-TERM consensus document were stratified into three different groups-clinical, physiological, and descriptive. To our knowledge, thirteen of the terms had never been defined previously in the venous literature.

My disciple in deep venous reconstructive surgery, Oscar Maleti (Italy), was enthusiastic about this very important project and was happy to join us in producing a glossary for phlebologists covering both acute and chronic venous disease. He agreed to revise the list of terms and their definitions with Bo and to be in charge of the illustrations and figures.

One of the difficulties of this project was deciding how to build the glossary. I first selected about 1000 terms to be defined, limiting the topic to anatomy, pathology, physiology, and pathophysiology affecting the upper and lower limbs, including the pelvis, in acute and chronic venous disease.

The letters were divided into six groups, which each contained around 130 to 170 terms.

For each group of terms, a team of four specialists was appointed to work on the definitions, and a leader was selected to head the group and to distribute the terms among the team members. Each group also contained at least one native English speaker.

Servier supported the entire project without intervening in the definitions provided by the teams of specialists. In addition, Servier also agreed to translate the English terms into six other languages – French, German, Italian, Portuguese, Russian, and Spanish.

An electronic version will also be made available, and the glossary will be updated regularly.

I must also thank **the Servier team** for its help, particularly **Françoise Pitsch**, who, from the beginning, heartily supported the project, and **Marie Claire Rettori**, who organized the planning of the glossary with her usual efficiency and who facilitated my task.

Furthermore, I am particularly happy and proud that **Robert Kistner** (Hawaii, USA) wrote the foreword for this glossary. I sincerely believe that the glossary will be very useful for all scientists involved in phlebology.

It has been a tremendous adventure and I would like to thank all the participants for their constant support and help.

FOREWORD FOR GLOSSARY 2020

Robert L. KISTNER, MD (Hawai, USA)

Basic to the growth of knowledge about a given subject is the common understanding of the meaning of those words that express fundamentals and new developments in its sphere. In medicine, where the working field of knowledge involves the whole world, the need for accuracy and precision in its terminology is further compounded.

The qualities needed to produce an authoritative compilation of this nature include the input of specialists from all aspects of the subject into a central site where this information is critically organized and vetted in one common language, and subsequently translated into other languages to assure an accurate understanding in disparate tongues.

This glossary is ideally organized to fulfill these requirements by its authors and editors who prove the expertise necessary for authoritative accuracy and the energy to influence contributors from around the world.

The editors are world-traveling educators whose mission has been to understand venous practice in its many applications in foreign lands and to spread the rapid development of new “facts” from one source to another, always seeking the truly true “truth.”

The task is huge and the details enormous, with the reward for this effort mainly in the satisfaction of having provided a service for a basic need for those who wish to understand the subject itself.

This publication is an example of the support from industry to enable leading professionals to produce another valuable contribution to the practitioners who are treating patients.

A glossary provides the meaning of terms at a specific point in time. It can be expected that the understanding of disease and the effects of treatment will progress over time.

There will be changes, even in the meaning of the terms, and so the glossary is the beginning of a dynamic process that will invite future reanalysis.

Without the statement of the present-day status, it is difficult to chronicle changes or to recognize the need to reexamine previously announced principles.

Over time, the understanding of venous physiology gains depth from explorations of cellular and molecular reactions.

This understanding establishes the position and integrity (or lack thereof) of the venous valves, the subtle changes that activate the inflammatory cascade with and without the addition of events, such as local trauma or infection, the deleterious effect of venous reflux when combined with edema, the probable basic hereditary factors that render some individuals more susceptible to the development of venous dysfunction, and to name some of the complexities that need ongoing clarification.

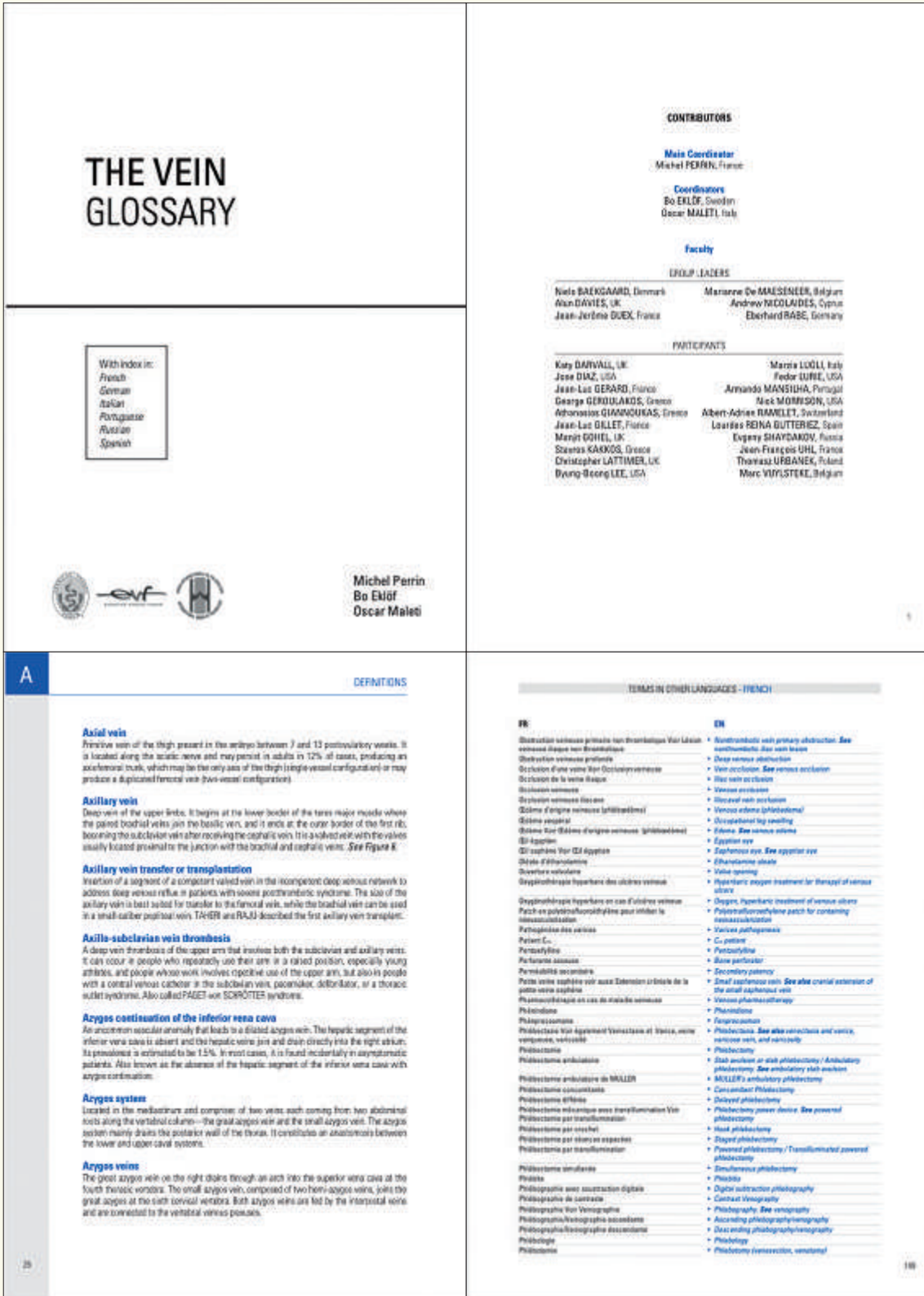
As the list of improvements becomes longer, the need to codify the terminology becomes greater, as this will be useful for achieving an understanding between authorities in different institutions and countries around the world.

This work provides a needed resource to improve the communication in phlebology and venous vascular surgery for physicians and researchers around the world.

It is destined to become an important part of the library for all who are interested in understanding the emerging field of venous physiology and its multiple associations with basic science and clinical developments.

We can thank Professors Perrin, Eklöf, and Maleti for donating their time, talent, and expertise to undertake the task of realizing this glossary.

Voici à titre d'exemples quelques captures de pages du VEIN GLOSSARY illustrant la richesse de cet ouvrage traduit en 6 langues.



THE VEIN GLOSSARY

With index in:
 French
 German
 Italian
 Portuguese
 Russian
 Spanish



Michel Perrin
 Bo Eklof
 Oscar Maletti

CONTRIBUTORS

Main Coordinator
 Michel PERRIN, France

Coordinators
 Bo EKLOF, Sweden
 Oscar MALETTI, Italy

Faculty

GROUP LEADERS

Niels BAEKGAARD, Denmark
 Alan DAVIES, UK
 Jean-Jérôme DUEX, France

Marianne De MAESENEER, Belgium
 Andrew NICOLAIDES, Cyprus
 Eberhard RABE, Germany

PARTICIPANTS

Kary DARWALL, UK
 Jose DIAZ, USA
 Jean-Luc GERARD, France
 George GEROUKAS, Greece
 Athanasios GIANNIKOULAS, Greece
 Jean-Luc GILLET, France
 Menjit GOHEL, UK
 Stavros KAKKOS, Greece
 Christopher LATTIMER, UK
 Doyung-Beong LEE, USA

Maria LOGGI, Italy
 Feder LUPE, USA
 Armando MANSIHA, Portugal
 Jack MORGANSON, USA
 Albert-Adrian TRAMLET, Switzerland
 Lourdes REINA BUTTEREZ, Spain
 Eugeny SHAYDANOV, Russia
 Jean-François UHL, France
 Thomas URBANEK, Poland
 Marc VUYLSTEKE, Belgium

A

DEFINITIONS

Axial vein
 Primitive vein of the thigh present in the embryo between 7 and 13 postovulatory weeks. It is located along the sciatic nerve and may persist in adults in 12% of cases, producing an axillofemoral trunk, which may be the only axis of the thigh (single-vein configuration) or may produce a duplicated femoral vein (two-vein configuration).

Axillary vein
 Deep vein of the upper limb. It begins at the lower border of the teres major muscle where the paired brachial veins join the basilic vein, and it ends at the outer border of the first rib, becoming the subclavian vein after receiving the cephalic vein. It is a collected vein with the valves usually located proximal to the junction with the brachial and cephalic veins. *See Figure 8.*

Axillary vein transfer or transplantation
 Insertion of a segment of a competent valved vein in the incompetent deep venous network to address deep venous reflux in patients with severe postthrombotic syndrome. The site of the axillary vein is best suited for transfer to the femoral vein, while the brachial vein can be used in a small earlier proximal vein. TAHERI and RAJU described the first axillary vein transfer.

Axillo-subclavian vein thrombosis
 A deep vein thrombosis of the upper arm that involves both the subclavian and axillary veins. It can occur in people who repeatedly use their arm in a raised position, especially young athletes, and people whose work involves repetitive use of the upper arm, but also in people with a central venous catheter in the subclavian vein, pacemaker, defibrillator, or a thoracic outlet syndrome. Also called PAGES or SCROTIER syndrome.

Azygos continuation of the inferior vena cava
 An uncommon venous anomaly that leads to a dilated azygos vein. The hepatic segment of the inferior vena cava is absent and the hepatic vein join and drain directly into the right atrium. Its prevalence is estimated to be 1.5%. In most cases, it is found incidentally in asymptomatic patients. Also known as the absence of the hepatic segment of the inferior vena cava with azygos continuation.

Azygos system
 Located in the mediastinum and composed of two veins each coming from two abdominal roots along the vertebral column—the great azygos vein and the small azygos vein. The azygos system mainly drains the posterior wall of the thorax. It constitutes an anastomosis between the lower and upper caval systems.

Azygos veins
 The great azygos vein on the right drains through an arch into the superior vena cava at the fourth thoracic vertebra. The small azygos vein, composed of two hemo-azygos veins, joins the great azygos at the sixth thoracic vertebra. Both azygos veins are fed by the intercostal veins and are connected to the vertebral venous plexus.

TERMS IN OTHER LANGUAGES - FRENCH

FR	EN
Distorsion veineuse primitive (ou thrombotique) Vein Laceration	• Spontaneous vein primary obstruction. <i>See</i> spontaneous vein laceration
veineuse (aque) ven thrombotique	• Deep venous obstruction
Obstruction veineuse primitive	• Vein occlusion. <i>See</i> venous occlusion
Obstruction d'une veine (par thrombose) veineuse	• Vein vein occlusion
Obstruction de la veine (aque)	• Venous embolism
Obstruction veineuse	• Dilated vein occlusion
Obstruction veineuse (distale)	• Venous edema (phlebotonia)
Edème d'origine veineuse (phlébotonie)	• Occupational leg swelling
Edème veineux	• Edema. <i>See</i> venous edema
Edème (de l'axe) d'origine veineuse (phlébotonie)	• Egyptian eye
(l) égyptien Vein (l) Egyptian	• Sphenoid eye. <i>See</i> sphenoid eye
Défile d'athérosclérose	• Ethanolism atole
Sténose athérosclérotique	• Valve opening
Oxygénothérapie hyperbarique des ulcères veineux	• Hyperbaric oxygen treatment for therapy of venous ulcers
Oxygénothérapie hyperbarique en cas d'ulcères veineux	• Oxygen, hyperbaric (treatment of venous ulcers)
Patch en polydiméthacrylate pour coller la veine sous-cutanée	• Polydimethylacrylate patch for containing venous subcutaneous
Pathologie des veines	• Venous pathogenesis
Patent C...	• C _v patent
Perforatrice	• Perforating
Perforatrice axillaire	• Axilla perforator
Perméabilité secondaire	• Secondary patency
Perte veine saphène veir axillaire Extension crâniale de la petite veine saphène	• Small saphenous vein. <i>See also</i> cranial extension of the small saphenous vein
Phlébotomie (en cas de maladie veineuse)	• Venous phlebotomy
Phlébotomie	• Phlebotomy
Phlébotomie axillaire	• Axillofemoral
Phlébotomie Vein Agrement Veinotomie et Veinotomie	• Phlebotomy. <i>See also</i> venotomies and venotomies, venous, and venotomy
Phlébotomie	• Phlebotomy
Phlébotomie ambulatoire	• Outpatient phlebotomy
Phlébotomie ambulatoire de WALLER	• Waller's ambulatory phlebotomy
Phlébotomie concomitante	• Concomitant phlebotomy
Phlébotomie d'essai	• Delayed phlebotomy
Phlébotomie mécanique avec transillumination Vein	• Phlebotomy/pain device. <i>See</i> powered phlebotomy
Phlébotomie par transillumination	• Phlebotomy
Phlébotomie par échelle	• Mast phlebotomy
Phlébotomie par élastique	• Staged phlebotomy
Phlébotomie par transillumination	• Powered phlebotomy / Transillumination powered phlebotomy
Phlébotomie simulée	• Simulated phlebotomy
Phlébotomie	• Phlebotomy
Phlébotomie avec soustraction digitale	• Digital subtractor phlebotomy
Phlébotomie de contraste	• Contrast venography
Phlébotomie Vein Veinographie	• Phlebotomy. <i>See</i> venography
Phlébotomie/veinographie ascendante	• Ascending phlebography/venography
Phlébotomie/veinographie descendante	• Descending phlebography/venography
Phlébotomie	• Phlebotomy
Phlébotomie	• Phlebotomy (venostasis, venotomy)

