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The place of endovenous laser Ablation in the management of venous disorders.

La place du laser endoveineux dans la gestion de la maladie veineuse.

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Summary

Since the turn of the century, innovations in the field of Phlebology have succeeded each other, revolutionizing the playing field for managing of venous disorders.

The decade leading to the 21st century saw the establishment of duplex color-flow ultrasound, as the gold standard for evaluating patients before, during, and after venous interventions.

Little did anyone realize at the time, how much this would reset our understanding of the limitations of previous treatments, and create new treatment approaches altogether.

This brief paper, presented to the French Society of Phlebology in November 2011, describes this transformation.

Keywords: *foam sclerotherapy, radiofrequency, endovenous laser ablation.*

Résumé

Depuis le tournant du millénaire, les progrès technologiques se sont succédé en phlébologie, transformant radicalement le traitement des désordres veineux.

La dernière décennie du XXe siècle a vu l'établissement de l'ultrasonographie veineuse comme méthode standard d'évaluation des conditions phlébologiques.

Cette simple adoption technologique, a transformé nos concepts des traitements antérieurs, et devint partie intégrale des traitements nouveaux, tels les mousses sclérosantes, la sclérose par radiofréquence, et le laser endoveineux.

Ce document, présenté à la réunion de la SFP en novembre 2011, discute cette transformation de la pratique quotidienne de phlébologie.

Mots-clés : mousses sclérosantes, radiofréquence, ablation par laser endoveineux.

Introduction: The burden of venous disease

For the longest time, varicose veins were considered as "*common, affecting women more than men, and causing only an unsightly appearance to the legs*" [1].

Some authors asked: "*Do varicose veins require treatment at all?*" [2]

In time, however, some saw the benefit of treating primary varices as a prophylaxis to the development of chronic venous insufficiency (CVI) [3], as well as a method of reducing leg symptoms [4, 5].

It is not until the development of vein-specific questionnaires that the extent of the symptoms caused by varicose veins, and their impact on the quality of life came to light [6, 7, 8].

Today, the prevalence of varicose veins is reported to range from 25–32% in women and from 7–40% in men, the value increasing with age [9]. Treatment of varices prior to the development of CVI is largely believed to be preventive of CVI.

In the words of Vaughan Ruckley: "*advanced skin changes and chronic leg ulceration could be prevented in selected patients by means of intervention in the prodromal stages of CVI, which can initially be recognized by clinical examination and further defined by duplex scan*" [10].

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