

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.

TERMS IN OTHER LANGUAGES - PORTUGUESE

PT

Coloção de uma prótese
 Enxerto
 Enxerto venoso
 Escurecimento da pele
 Esclerose da pele ou esclerodermite
 Endovena
 Escapismo
 Escapismo
 Escudo VIGIO
 Escudo de (SHIELD)
 Escapismo Bursitis
 Escleroterapia
 Escleroterapia assistida por V (Bios/VASO)
 Escleroterapia com espuma e laser (AFOSI)
 Escleroterapia sem espuma e a laser
 Escleroterapia sem espuma, ver escleroterapia
 Escleroterapia sem espuma, ver escleroterapia
 Escleroterapia com microagulha, ver escleroterapia com
 espuma
 Escleroterapia neoplasia (OSI)
 Escleroterapia em anestesia tumores de vasos
 venozos e linfáticos (START)
 Escleroterapia líquida
 Escleroterapia, ver escleroterapia neoplasia (OSI)
 Espessamento da pele, ver espessamento vascular
 espessamento arterial
 Espuma esclerosante
 Espuma de RONTANSEY
 Espuma de RONTANSEY
 Estímulo elétrico
 Estimulação elétrica neuromuscular
 Estimulador elétrico neuromuscular na insuficiência venosa
 crônica
 Estreptococo
 Estreptococo em carne de cordeiro
 Estreptococo hemolítico e a pele de EISENHARTZ E
 MALETTE, ver estufa de uma estufa
 Estufa ATTRACT
 Estufa de pressão subatmosférica e esférica de veias
 perforantes (SEPP) ver EUA
 Estufa de perfuração da pele de transmutação
 Estufa de veias de Edinburgo
 Estufa PRENG
 Estufa PRENG 2, ver estufa PRENG
 Estufa solita e alívio endovenoso percutâneo (EUA)
 Estufa (extensão) de uma veia safena pequena
 Estufa da pele de uma veia safena pequena
 Extrato de corrente de uso
 Fátiga
 Fátiga/fatigabilidade, ver fadiga venotônica in-
 venotônica
 Fátiga venotônica
 Fármacos venotônicos
 Fármacos venotônicos, ver fármacos venotônicos

EN

+ *Quanto veno embolization*
 + *Embol*
 + *Venous embolus*
 + *Venous clots*
 + *Endophlebectomy or endovenectomy*
 + *Endovenect*
 + *Endovenect*
 + *Endovenect*
 + *VIGIO shield*
 + *SHIELD shield*
 + *Bursitis escapism*
 + *Sclerotherapy*
 + *V Bios assisted sclerotherapy (VAS)*
 + *Laser assisted foam sclerotherapy (AFOSI)*
 + *Ultrasound-guided foam sclerotherapy*
 + *Foam sclerotherapy, See also sclerotherapy*
 + *Microneedle sclerotherapy, See foam sclerotherapy*
 + *Ultrasound-guided sclerotherapy*
 + *Sclerotherapy in Tumescent Anesthesia of Venular
 veins and Lymphatics (START)*
 + *Liquid sclerotherapy*
 + *Eschascclerotherapy, See ultrasound-guided
 sclerotherapy*
 + *Venar agent, See venular agent*
 + *Venular agent*
 + *Sclerosing foam*
 + *RONTANSEY foam*
 + *Venous stimulus*
 + *Neuromuscular electrical stimulation*
 + *Neuromuscular electric stimulator in chronic venous
 insufficiency*
 + *Streptococcus*
 + *Venue control*
 + *EISENHARTZ and MALETTE cup-like structure, See
 embolism vein valve*
 + *ATTRACT Study*
 + *North American subfascial endoscopic perforator
 surgery (SEPP) study*
 + *Transmutational Mammery study*
 + *Edinburgh vein study*
 + *PRENG study*
 + *PRENG 2 study, See PRENG study*
 + *Early endovenous ablation (EUA) study*
 + *Crossal extension of the small saphenous vein*
 + *Thigh extension of the small saphenous vein*
 + *Graps and extract*
 + *Fatigue*
 + *Phlebogenic drug, See venotonic drugs or venotonic
 drugs*
 + *Venotonic drugs*
 + *Venotonic drugs*
 + *Venotonic drugs, See venotonic drugs*

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