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A-Z Series article

The chronic cerebrospinal venous insufficiency syndrome.

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Abstract: Chronic cerebrospinal venous insufficiency (CCSVI) is a syndrome characterized by stenosies of the internal jugular and/or azygous veins (IJVs-AZ) with opening of collaterals and insufficient drainage proved by reduced cerebral blood flow and increased mean transit time in cerebral MRI perfusional study. The present review is aimed to give a comprehensive overview of the actual status of the art of the diagnosis and treatment of this condition. As far as the origin of venous narrowing is concerned, phlebographic studies of the IJVs and AZ systems demonstrated that venous stenoses were likely to be truncular venous malformations; mostly, they are intraluminal defects such as malformed valve, septa webs. CCSVI condition has been found to be strongly associated with multiple sclerosis (MS), a disabling neurodegenerative and demyelinating disease considered autoimmune in nature. In several epidemiological observations performed at different latitudes on patients with different genetic backgrounds, the prevalence of CCSVI in MS ranges from 56% to 100%. To the contrary, by using venous MR and/or different Doppler protocols, CCSVI was not detected with the same prevalence. Two pilot studies demonstrated the safety and feasibility in Day Surgery of the endovascular treatment of CCSVI by means of balloon angioplasty (PTA). It determines a significant reduction of postoperative venous pressure. Restenosis rate was found out elevated in the IJVs, but negligible in the AZ. However, PTA seems to positively influence clinical and QoL parameters of the associated MS and warrants further randomized control trials.

Keywords: chronic cerebrospinal venous insufficiency, multiple sclerosis, echoDoppler, venous PTA.

Original Article

The patient's burden of chronic venous disorders: construction of a questionnaire.

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Abstract: **Aims:** On the one hand, the survey aims at the development and validation of an auto-administered questionnaire designed to measure the everyday burden caused by chronic venous disorders (CVDs). On the other hand, it aims at reporting initial epidemiological and demographic data in CVD patients and their correlations.
Materials and methods: After identification of 66 possible items, the elimination of redundant and less relevant questions left a questionnaire of 36 simple items, the Assessment of Burden in Chronic–Venous Disease (ABC-V) that has been applied prospectively and consecutively to a population of 328 actual chronic venous disorder (CVD) patients in eight vein-specialized centres in France. Questionnaires were completed by patients at home and returned by mail (free return envelopes).
Results: Significant correlation has been found between ABC-V, the Specific Quality of life & Outcomes Response – Venous (SQOR-V) and the Centre for Epidemiologic Studies Depression Scale (CES-D), demonstrating the validity of the concept. ABC-V has been found increased by age ($P = 0.0127$) and body mass index ($P < 0.001$), not by gender ($P = 0.8758$).
Conclusion: ABC-V is a first tool to assess the burden of CVDs, it provides with individual data and will help, for instance, determining the weight of the coefficient used in the disability-adjusted life year and quality-adjusted life year formulas, thus ensuring an accurate evaluation of the Global Burden of Chronic Venous Disorders.

Keywords: chronic venous disorders, quality of life, burden of disease, evaluation.

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Original Article

Endovascular treatment for chronic cerebrospinal venous insufficiency: is the procedure safe?

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Abstract:

Objectives: The aim of this report is to assess the safety of endovascular treatment for chronic cerebrospinal venous insufficiency (CCSVI). Although balloon angioplasty and stenting seem to be safe procedures, there are currently no data on the treatment of a large group of patients with this vascular pathology.
Methods: A total of 564 endovascular procedures (balloon angioplasty or, if this procedure failed, stenting) were performed during 344 interventions in 331 CCSVI patients with associated multiple sclerosis.
Results: Balloon angioplasty alone was performed in 192 cases (55.8%), whereas the stenting of at least one vein was required in the remaining 152 cases (44.2%). There were no major complications (severe bleeding, venous thrombosis, stent migration or injury to the nerves) related to the procedure, except for thrombotic occlusion of the stent in two cases (1.2% of stenting procedures) and surgical opening of femoral vein to remove angioplastic balloon in one case (0.3% of procedures). Minor complications included occasional technical problems (2.4% of procedures): difficulty removing the angioplastic balloon or problems with proper placement of stent, and other medical events (2.1% of procedures): local bleeding from the groin, minor gastrointestinal bleeding or cardiac arrhythmia.
Conclusions: The procedures appeared to be safe and well tolerated by the patients, regardless of the actual impact of the endovascular treatments for venous pathology on the clinical course of multiple sclerosis, which warrants long-term follow-up.

Keywords: endovascular treatment, magnetic resonance angiography, phlebography, stents, venous malformation.