

V E R B A T I M

"I don't use moderate [as a degree of cytologic atypia]. I've trained fellows for many, many years, and if you allow 'moderate,' everything becomes 'moderate' and nobody has to make a decision. Are these criteria arbitrary? Absolutely. But they're reproducible."

Dr. Terry L. Barnett, on making the diagnosis of nevus with architectural disorder, p. 31

Foam Sclerotherapy: New Treatment for Varicose Veins

BY KAREN M. DENTE
Contributing Writer

MIAMI — "The new endovenous techniques such as foam sclerotherapy have made small dysfunctional veins easy to obliterate," said Dr. John J. Bergan of Scripps Memorial Hospital, La Jolla, Calif., who gave a presentation about foam sclerotherapy for the treatment of varicose

veins at the annual meeting of the American Venous Forum.

"Foam can be used for nearly anything. Unlike laser radiofrequency treatment, foam will go into any peripheral vein and flow into the accessory saphenous vein," Dr. Bergan said.

"Ultrasound-guided foam sclerotherapy is very good. The small saphenous veins are very easy to close," agreed Dr. Neil S. Sadick of Cornell University in New York.

The foam for the procedure can be made from detergent agents such as Sotradecol and polidocanol at any concentration from 0.25% to 3% with a mixing ratio of 1:4 using room air.

It can be used from the skin down to any vein segment. "One of the easiest procedures there are is the treatment of the tangle of superficial veins underneath ulcers, that can best be treated using foam sclerotherapy," said Dr. Bergan.

Foam heals ulcers in weeks, he explained, referring to this new procedure as a "dramatic change in treatment."

Increasing numbers of patients are appearing who have recurring symptoms after previous laser therapy.

"About one-third of patients with laser therapy will need to have treatment for recurring varices," Dr. Bergan noted. "But about one-third will have a return of symptoms—these can be successfully treated with foam."

Another great advantage of foam sclerotherapy is the avoidance of surgery to the small saphenous vein and prevention of sural nerve injury.

Severe complications that occur as a result of foam sclerotherapy are rare, and can include migraine from bits of foam reaching the extracranial circulation to the brain.

The usual side effects of sclerotherapy include matting, superficial thrombi, and residual pigmentation, he said at the meeting.

Dr. Bergan stressed the need to carefully evaluate for abnormal vein segments in each patient before commencing treatment, especially in those with Turner's or Klippel-Feil syndrome, who have a higher chance of presenting with venous malformations.

"You must also be very careful with other patients who may have other conditions," he cautioned.

"Sclerosant foam is cheap, painless, simple, and not disabling," Dr. Bergan explained.

He stressed the need for standardization of treatment methods with the advent of such new therapies that are being proved efficacious. ■

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