Letter to the Editor

http://dx.doi.org/10.3348/kjr.2016.17.5.823
pISSN 1229-6929 · eISSN 2005-8330
Korean J Radiol 2016;17(5):823-823

Korean Journal of Radiology
KJR

RE: Some Usefull Techniques to Succeed in Endovenous Laser Ablation with Antegrade Access

Serkan Aribal, MD[1], Muzaffer Sağlam[2], Onur Sildiroğlu[2]

[1]Aksaz Military Hospital, Radiology Service, Marmaris, Muğla 48750, Turkey; [2]Department of Radiology, GATA Haydarpaşa Teaching Hospital, Üsküdar, İstanbul 34668, Turkey

Keywords: *Endovenous laser ablation; EVLA; Veins; Incompetency*

Dear Editor:

We read with great interest the original article by Kim et al. (1) entitled "Retrograde Endovenous Laser Ablation through Saphenopopliteal Junctional Area for Incompetent Small Saphenous Vein: Comparison with Antegrade Approach", which was published recently in the Korean Journal of Radiology (KJR), 2016;17(3):364-369. In the study, the authors evaluated the safety and efficacy of retrograde endovenous laser ablation (EVLA) as compared with the conventional antegrade EVLA for incompetent small saphenous vein (SSV).

The authors used retrograde access after two unsuccessful attempts with antegrade access. However, they did not discuss the reasons for the failed attempts in detail such as in the cited literature (2). Knowledge of the exact reasons is important for appropriate measures to overcome potential problems. In our practice, for cases of small vessel caliber or vasospasm during the procedure apart from the other uncommon reasons, we use a simple valsalva maneuver to distend the vein with high success rate. Dangling the cruris is another simple positioning in the problematic EVLA procedures we encounter. Micropuncture set is reportedly the method with highest success rate (3). We often apply this technique to succeed in the antegrad approach. Moreover, the SSV insufficiency usually accompanies great saphenous vein insufficiency; and the vessel caliber is substantially greater than 5 mm (4). Discussing these methods in their publication would have contributed valuable information about the technique.

In addition, the authors reported that 37 patients and 44 limbs underwent EVLA after retrograde access in the results section. On the other hand, they emphasized that they had failed to obtain antegrade access in 45 limbs in the discussion section. Hence, the final situation of one limb in which they had failed to obtain antegrad access is unclear and no data is reported on any attempt to obtain retrograde access. Addressing this point and the final decision of this case would avoid misleading the readers.

REFERENCES

1. Kim JS, Park SW, Yun IJ, Hwang JJ, Lee SA, Chee HK, et al. Retrograde endovenous laser ablation through saphenopopliteal junctional area for incompetent small saphenous vein: comparison with antegrade approach. *Korean J Radiol* 2016;17:364-369
2. Perosi NA, Johnson MG, Berkmen T. Fluoroscopic-guided approaches to radiofrequency vein ablation. *J Vasc Interv Radiol* 2013;24:43-46
3. Yilmaz S, Ceken K, Alparslan A, Sindel T, Lüleci E. Endovenous laser ablation for saphenous vein insufficiency: immediate and short-term results of our first 60 procedures. *Diagn Interv Radiol* 2007;13:156-163
4. Kurt A, Unlü UL, Ipek A, Tosun O, Gümüs M, Zan E, et al. Short saphenous vein incompetence and chronic lower extremity venous disease. *J Ultrasound Med* 2007;26:163-167

Received May 14, 2016; accepted after revision May 17, 2016.
Corresponding author: Serkan Aribal, MD, Aksaz Military Hospital, Radiology Service, Marmaris, Muğla 48750, Turkey.
• Tel: (90) 533 269 08 30 • Fax: (90) 252 421 04 15
• E-mail: serkanaribal@gmail.com