The Journal of Vascular Surgery: Venous and Lymphatic Disorders: Multimodal Therapy in Treating recalcitrant Venous Leg Ulcers

CHICAGO, Ill., August 20, 2020 – A multicenter, retrospective cohort study involving more than 800 patients with chronic venous leg ulcers (VLU) reveals the relative impact of various treatment modalities as well as their cumulative effect on healing.

The findings were published in the Journal of Vascular Surgery: Venous and Lymphatic Disorders.

“Venous leg ulceration represents the most severe and debilitating form of chronic venous insufficiency,” said lead author Peter F. Lawrence MD, University of California, Los Angeles. “Unfortunately, its prevalence may be as high as 1 to 2 percent of patients over the age of 70.”

Venous leg ulceration can be attributed to reflux, or incompetence, of the valves within the superficial, perforating or deep venous systems. Additionally, obstruction of the deep venous system can also lead to ulceration and difficulty in ulcer healing, despite conservative measures including compression, debridement and wound care.

Dr. Lawrence led a team of venous specialists from 11 institutions across the United States. They evaluated 832 patients who had been treated with compression therapy for at least two months between 2013 and 2017, and determined healing and recurrence rates following various treatment modalities.

**Treatment Modalities and Results**

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<tr>
<th>Treatment</th>
<th>No. Patients</th>
<th>Healing</th>
<th>Recurrence</th>
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<tbody>
<tr>
<td>Conservative measures (compression, wound care) alone</td>
<td>187</td>
<td>75 percent at 36 months</td>
<td>15 percent at 24 months</td>
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<tr>
<td>Truncal vein ablation alone</td>
<td>184</td>
<td>51 percent at 36 months</td>
<td>19 percent at 24 months</td>
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Truncal plus perforating vein ablation 344 68 percent at 36 months 18 percent at 24 months
Deep venous stenting 95 77 percent at 36 months 27 percent at 36 months
All three procedures 18 87 percent at 36 months 26 percent at 24 months

“In our study, we found that ulcer size correlated with venous reflux affecting more than one level (perforator, superficial, or deep), and patients having the largest ulcers also had the most significant multilevel disease,” said Dr. Lawrence. “Further, large ulcers are not only more complex, but healing is impacted by ulcer duration, depth, frequency of debridement, and quality of wound care.”

The authors conclude that elimination of truncal and perforating venous reflux, along with correction of deep venous obstruction, significantly contributes to the healing of recalcitrant CLU. They also recommend that evaluation of the deep system for stenosis is often helpful in patients who fail to heal despite correction of superficial venous reflux.

To review the full study please visit http://b.link/jvsvl-venous. For more information on the *The Journal of Vascular Surgery: Venous and Lymphatic Disorders* https://www.jvsvenous.org/

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