



M.C.P.
MASTER CLASS PHLÉBO

SCLEROTHERAPIE MOUSSE ECHO- GUIDEE : POUR QUI, POURQUOI, COMMENT?

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PRINCIPE DE LA MOUSSE

- Injection de mousse de Polidocanol° 0,5, 1, 2 et 3 % sous forme de mousse réalisée au moyen d'un robinet à 3 voies ou bi-connecteur femelle-femelle.
- Air ambiant : le plus simple ou avec air filtré ou stérile (dispositifs ou kits dédiés)
- Ratio agent sclérosant / air: 1/3 à 1/4.
- Confectionnée par mouvement de va-et-vient jusqu'à obtention d'une mousse homogène et stable, ne comportant pas de bulle visible.
- Volume maximal : 10 ml (recommandations européennes) : dépend du volume et de la longueur de la veine à traiter.

Guidage sous échographie

- Précision du geste
- Suivi de la progression de la mousse très échogène
- Détecte le moindre passage en extra-vasculaire
- Traitement des vaisseaux cibles et des varices non visibles cliniquement

QUEL STADE CEAP?



AVCh

IVC
(C3-C6)

Fig 1 : Affections veineuses chroniques (AVCh) et insuffisance veineuse chronique (IVC)

- C0 : débat
- C1 : ++ (importance de l'échographie)
- C2 : +++
- C3 : prudence
- C4-5-6 : +++

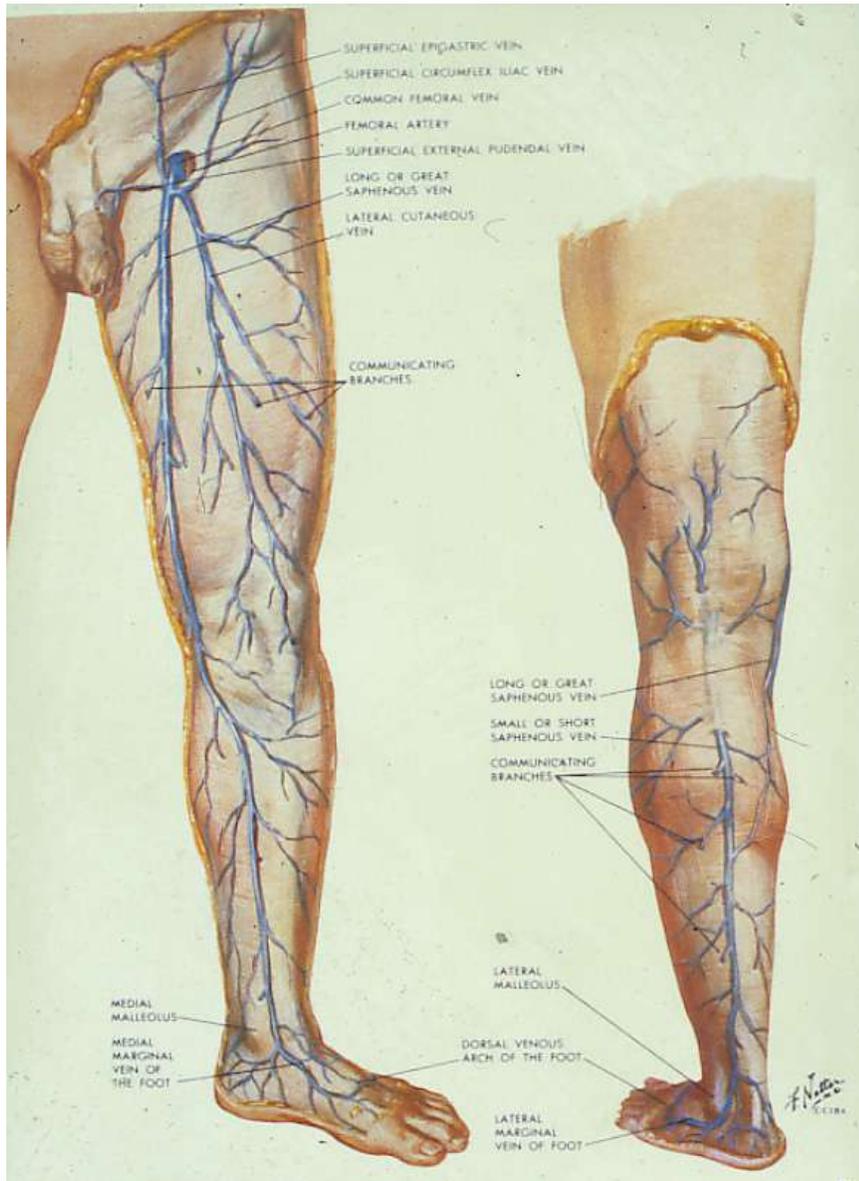
VAISSEAUX CIBLES

TABLE 6. Preferred Polidocanol Concentrations Per Indication

	<i>Liquid</i>	0.25%	0.5%	1%	2%	3%	4%
Great saphenous vein				+	++	++	
Small saphenous vein				+	++	+	
Collateral veins				++			
Recurrent varicose veins			(+)	++	++	+	
Perforating veins			(+)	++	+	(+)	
Reticular varicose veins	(+)	(+)	++	+			
Spider veins*	++	(+)	(+)				
Venous malformations			+	++	+		

The stated concentrations refer to the liquid polidocanol solution from which foam is generated.

*Foam sclerotherapy is not the treatment of choice for vessels smaller than 1 mm in diameter. For sclerotherapy of spider veins the recommendation is first to use liquid polidocanol. When foam is used, small volumes of 0.25% foam are preferred.



VAISSEAUX CIBLES ET INDICATIONS

Table 2 Sources of clinical recurrence up to 5 years detected by duplex ultrasonography

	Source of reflux on DUS	No. of patients	
Surgery (n = 47)	Groin neovascularization	10	
	Residual GSV	14	
	Non-axial varicosities alone	9	
	AASV	8	
	SSV	8	
	Above-knee perforator	4	
	Below-knee perforator	2	
	EVLA (n = 29)	SFJ into AASV	10
		Residual below-knee GSV	5
		Above-knee perforator	2
Below-knee perforator		1	
Complete GSV recanalization		1	
Segmental GSV recanalization		2	
Non-axial varicosities alone		2	
SSV		2	
Duplex GSV		1	
Glaucomini		1	

RECOMMENDATIONS

Recommendation 38	Class	Level	References
Liquid or foam sclerotherapy is not recommended as the first choice treatment for chronic venous disease C2-C6 due to saphenous vein incompetence. It should be used only as primary treatment in selected cases.	III	A	317-320, 328-331
Recommendation 39			
Foam sclerotherapy is recommended as a second choice treatment of varicose veins (C2) and for more advanced stages of chronic venous disease (C3-C6) in patients with saphenous vein incompetence, not eligible for surgery or endovenous ablation.	I	A	314, 328, 329
Recommendation 40			
Foam sclerotherapy should be considered as primary treatment in patients with recurrent varicose veins, and in elderly and frail patients with venous ulcers.	IIa	B	334, 335
Recommendation 41			

EFFETS INDESIRABLES

TABLE 3. Possible Adverse Events in Sclerotherapy

- Allergic reaction
- Skin necroses
- Excessive sclerosing reaction
- Pigmentation
- Matting
- Nerve damage
- Scintillating scotomas
- Migraine-like symptoms
- Orthostatic collapse
- Thromboembolism



CONTRE-INDICATIONS

TABLE 2. Contraindications in Sclerotherapy

<i>Absolute contraindications</i>	<i>Relative contraindications</i>
<p>Liquid and foam sclerotherapy:</p> <ul style="list-style-type: none">• Known allergy to the sclerosant• Severe systemic disease• Acute deep vein thrombosis• Local infection in the area of sclerotherapy or severe generalized infection• Lasting immobility and confinement to bed• Advanced peripheral arterial occlusive disease (Stage III or IV)• Pregnancy (unless a compelling medical reason exists) <p>Foam sclerotherapy:</p> <ul style="list-style-type: none">• Known symptomatic patent foramen ovale	<p>Liquid and foam sclerotherapy:</p> <ul style="list-style-type: none">• Leg edema, uncompensated• Late complications of diabetes (e.g., polyneuropathy)• Arterial occlusive disease, Stage II• Poor general health• Bronchial asthma• Marked allergic diathesis• Known thrombophilia or hypercoagulable state with or without a history of deep vein thrombosis <p>Foam sclerotherapy:</p> <ul style="list-style-type: none">• Known asymptomatic patent foramen ovale• High risk of thromboembolic events• Visual disturbances or neurological disturbances after previous foam sclerotherapy