

## GLO12-7 瘤切除，硬化療法に代わる表在静脈瘤に対する血管内レーザー焼灼

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下肢静脈瘤の手術治療は、伏在静脈本幹に対してストリッピング、高周波焼灼、レーザー焼灼などを行い、表在の瘤に対して stab avulsion 等の方法で瘤切除や硬化療法を行っていくのが、現在、一般的な治療である。瘤切除については、stab avulsion の手技を用いても傷跡の色素沈着などが気になる症例も少なからずあり、また術中術後のしびれなどのトラブルも気になるデメリットであった。また、硬化療法も色素沈着や再発などが少なからずデメリットとしてある。こうした瘤切除、硬化療法に代わる治療として、表在静脈瘤に対する1470nm 血管内レーザー焼灼を行った当院での約 100 例に対して効果・副作用をレトロスペクティブに検討した。

## P2-1 CLINICAL AND TECHNICAL FIVE YEAR OUTCOMES OF A RANDOMISED CLINICAL TRIAL COMPARING EVLA VS SURGERY FOR VARICOSE VEINS.

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Introduction: Little is currently known about the long term consequences of superficial venous insufficiency (SVI) treatment using Endovenous Laser Ablation (EVLA) or conventional surgery. The aim of this study was to investigate the clinical and technical outcomes of a large randomised trial comparing these two methods. Methods: Some 280 patients with primary, symptomatic, unilateral superficial venous insufficiency, due to isolated saphenofemoral junction incompetence, and great saphenous vein reflux were randomised equally to receive EVLA or surgery. Outcomes included clinical recurrence, duplex ultrasound recurrence and Quality of Life (AVVQ). Assessments were at 1, 6, 12, 52, 104 and 260 weeks. Results: Of 218 (79%) patients followed up at five years, 152 (69.7%) patients were free of any clinical recurrence at five years. The five-year recurrence rate was higher after surgery (Surgery 37.3% vs EVLA 23.1%  $P=0.027$ ), with a relative risk of 0.620 (95% confidence interval 0.408-0.946  $P=0.264$ ). The underlying cause of recurrence on duplex ultrasound was different between the groups with neovascularisation in the groin detected more frequently after surgery (Surgery 42% vs EVLA 0%  $P<0.001$ ) and recurrent SFJ incompetence detected more after EVLA (Surgery 3% vs EVLA 44%  $P<0.001$ ). Disease progression in the upper thigh was high in both groups, with incompetent groin tributaries seen in about half of the clinical recurrences (Surgery 49% vs EVLA 52%  $P=1.000$ ) and the Anterior Accessory Saphenous Vein (AASV) involved in a third of cases (Surgery 20% vs EVLA 40%  $P=0.091$ ). Disease progression distal to the knee was also significantly associated with clinical recurrence (Surgery 59% vs EVLA 48%  $P=0.452$ ) although this was often related to recurrent upper thigh disease. The estimated number of patients needed to treat with EVLA to avoid one recurrence at five years was 8 (95% CI 3.8-47.9). In addition, clinical recurrence was associated with a significantly worse patient Quality of Life (AVVQ: Recurrence 7.858 (3.106 -13.970) vs No recurrence 4.000 (0.172-8.874)  $P=0.001$ ). Conclusions: In avoiding the long term complications of recurrent venous disease this study supports the recent NICE guidance placing EVLA above conventional surgery.