

# The painting of Mauro Bartolo: ‘Pietas for the saphenous veins’, too many saphenous ablations in the days of academic stripping

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**Abstract** Prof. Bartolo, significant figure of Italian Angiology during the last decades of the XX century and founder of a Roman School of Angiology, was always sceptic about the surgical treatment of varicose veins. The modalities of stripping and its results were not a satisfactory surgical solution of the disease, from a clinical, aesthetic, social and finally economic point of view. Prof. Bartolo preferred conservative treatment in most cases, suggesting to give more space to minimally invasive treatments such as CHIVA, phlebectomy, sclerotherapy with the aim of achieving saphenous sparing and thus paving the way to the cultural foundation of modern phlebology. The current paper contains the translation and reprint of an *Editorial* of Prof. Bartolo about saphenous sparing treatments.

**Keywords** Mauro Bartolo, Saphenous sparing, saphenous ablation, alternatives to saphenous ablation, CHIVA

Prof. Mauro Bartolo<sup>†</sup> (1927-2008) was one of the reference figures of Italian Angiology during the last decades of the XX century and founder of the Italian Society of Vascular Pathology (SIPV). He was Emeritus Chief of the Angiology Department, S Camillo Hospital, Rome, Italy.

He was a humanist doctor with a deep passion for angiology, a passion that he transferred to his numerous

students, but he was also a man with a versatile mind. He was an artist and author of numerous paintings, writer of books on the most varied topics<sup>1-3</sup>, enthusiastic pilot of light aircraft.

Prof. Bartolo with his typical subtle irony loved to indicate phlebology as "The Cinderella" of angiology because it was considered a minor scientific branch and its issues were dealt with superficiality and little or no research in pathophysiology and venous hemodynamics.

Prof. Bartolo continued the studies of Prof. Mario Condorelli on the venous pathophysiology and Bartolo's method of non-invasive measurement of venous pressure is still famous<sup>4</sup>.

During his activity as a doctor, Prof. Bartolo always offered a conservative treatment to his phlebopathic patients, not only for his profound research and respect for the clinical compensatory capabilities of venous diseases but also because in those days traditional venous surgery was not so satisfactory, due to the frequent recurrences and the undesired aesthetic damages.

In his "The Notebook of Phlebology" (Il Quaderno di Flebologia, 2002), he wrote an *Editorial* titled "Too many saphenectomies?", concerning a symposium held during the XXVI Congress of French College of Vascular Pathology (Paris). In the *Editorial* he best expressed his idea of saving the saphenous veins<sup>5</sup> (Fig. 1).

# Editoriale

In margine al congresso del collegio francese di patologia vascolare di Parigi

## Troppe Safenectomie?

*Si è svolto anche quest'anno il congresso del Collegio Francese di Patologia Vascolare. Si tratta di un appuntamento abituale, nel corso del quale si fa il punto su molti problemi angiologici. Il discorso non è mai stantio, ed anche i vecchi argomenti sono ripresi con un taglio sempre diverso e spesso dissacrante.*

*Nell'ambito di una siffatta atmosfera si è svolto anche un simposio che potrebbe essere intitolato, da una relazione svolta da Mellièrre, "Pietà per le safene". Un titolo così ambiguo sta a significare l'eccesso di interventismo che vi è su queste vene. Ma non solo di un problema di corretta diagnosi si tratta, o di indicazioni terapeutiche: si tratta di non distruggere un patrimonio di vene che potrebbero essere utili per eventuali by pass coronarici od anche periferici.*

*Con i moderni metodi di studio delle coronarie e dei vasi degli arti le indicazioni al by pass sono molto aumentate e la necessità di reperire il materiale sostitutivo può sorgere da un momento all'altro. In effetti il ricorso alle protesi artificiali ha grandemente deluso e pertanto si tende, appena possibile, ad impiegare materiale autologo, ed in particolare safenico, che permette più lunga durata e permeabilità.*

*Ma si deve dunque restare con una insufficienza venosa e con i relativi fastidiosi sintomi ortostatici aspettando che serva un by pass per il cuore o per le cosce? No, non era questo il senso del messaggio. Il senso era di cercare vie alternative, ad esempio la crossectomia, lasciando in situ la safena, oppure impiegare quella tecnica che recentemente è stata proposta proprio con la finalità di risparmiare materiale per una eventuale riutilizzazione, la CHIVA. In definitiva questo metodo, sempre di conio francese, ha precorso i tempi e il grido di allarme che quest'anno è venuto dal Collegio Francese di Patologia Vascolare. Oppure si può riprendere in considerazione la vecchia e gloriosa scleroterapia di alcuni segmenti venosi, forse troppo affrettatamente messa da parte in questi ultimi anni, si può potenziare l'impiego di una tecnica ideata da Muller, ossia la cosiddetta flebectomia ambulatoriale, che si limiti però a piccole vene.*

*Tutte queste metodiche sono state messe a confronto nel corso di un incontro tra una dozzina di specialisti, angiologi e chirurghi vascolari, cui sono stati proposti una trentina di casi pratici per i quali gli esperti sono stati invitati a indicare estemporaneamente un trattamento; ne è venuto fuori un quadro assai variegato di esperienze. Anche il pubblico, poi, aveva un congegno elettronico per poter dire la sua. Per ciascun caso, perciò, si aveva su di una lavagna elettronica sia l'opinione dei dodici angiologi e chirurghi vascolari prescelti che quella di tutti i presenti. Un modello da imitare per vivacizzare i convegni e soprattutto saggiare la preparazione clinica di molti soloni.*

*Il messaggio sul risparmio delle safene è stato ampiamente recepito: si tratta insomma di operare meno le vene per potere operare di più, e con maggior garanzia, le arterie. Soprattutto, nel caso della necessità di asportazione della safena, si invita a studiare anche le arterie, l'assetto lipidico del paziente e gli altri fattori di rischio arterioso quali il tabagismo, il diabete, l'ipertensione, la familiarità: in caso di positività di questi parametri considerare l'ipotesi che un giorno la safena che stiamo portando via possa servire a salvare un cuore o una gamba.*

**Mauro Bartolo**

Figure 1 - Prof. Mauro Bartolo's Editorial in "Quaderno della Flebologia", courtesy of Servier Italia (Italian language, English translation in the text).





Figure 2 - "Pietas for the saphenous veins", the Mauro Bartolo's painting. Personal collection of Giuseppe Calandra.

## On the sidelines of the congress of the French College of Vascular Pathology in Paris 2002

### Too many saphenectomies?

This year too the congress of the French College of Vascular Pathology was held. It is a regular appointment, during which many angiological problems are analysed. The speech is never stale, and even the old topics are taken up with an ever-changing and often irreverent cut.

In the context of such an atmosphere, a symposium was also held, which could be entitled, from a report by Mellièrre, 'Pietas for the saphenous veins'. Such an ambiguous title signifies the excess of interventism that is done on these veins. But it is not just a problem of correct diagnosis, or therapeutic indications: it is a matter of not destroying a patrimony of veins that could be useful for coronary or even peripheral bypasses.

With modern methods of study of the coronary arteries and vessels of the limbs the indications to the bypass are very increased and the need to find replacement material may arise at any moment. In fact, the use of artificial prostheses has been greatly disappointing and therefore as soon as possible, the tendency is to use autologous material, and in particular saphenous veins, which allows longer life and permeability.

Venous insufficiency must therefore left out with the related annoying orthostatic symptoms waiting for a bypass for the heart or thighs? No, that was not the point of the message. The point is to look for alternative routes, for example crossectomy, leaving the saphenous vein in situ, or alternatively to adopt that technique recently proposed precisely with the aim of saving material for possible reuse, the CHIVA. Ultimately this method, French in origin, has anticipated the times and has inspired the cry of alarm that this year came from the College French of Vascular pathology. Or you can reconsider the old and glorious sclerotherapy of some venous segments, perhaps too hastily put aside in recent years; or you can strengthen the use of a technique devised by Muller, namely the so-called Ambulatory Phlebectomy, however, limited to small veins.

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All these methods were compared in a meeting between a dozen specialists, angiologists and vascular surgeons: about thirty practical cases have been proposed for which experts have been asked to indicate treatment extemporaneously; very varied experiences resulted. Even the audience, then, had an electronic device to allow individual comments. Each case, therefore, had on an electronic whiteboard both the opinion of the twelve angiologists and vascular surgeons invited and that of the audience. A model to imitate to liven up conferences and especially to test the clinical preparation of many "Solons".

The message on saphenous sparing has been widely received: in short, it is a question of operating the veins in a way to be able to operate more, and with greater guarantee, the arteries. Especially, in the case of necessity of removal of the saphenous vein, it is suggested to study also the arteries, the lipids condition of the patient and others arterial risk factors such as smoking, diabetes, hypertension, family history: in case of positivity of these parameters let consider the hypothesis that one day the saphenous that we are taking away can save a heart or a leg.

### Mauro Bartolo

Modern phlebology is based on minimally invasive techniques, less or no demolition than in the past; it often offers the saving of the saphenous axis, but guys excited by trunk thermal ablation are still many.

Today the saphenous veins can be treated focally and a new hemodynamic compensation can be developed with a few simple surgical or endovascular gestures. Bartolo's message on saving the saphenous veins was ahead of its time and laid a cultural basis for modern phlebology.

Prof. Mauro Bartolo was my primary mentor. In his memory I used one of his paintings (Fig 2) - that I titled "Pietas for the saphenous veins" and I will always keep jealously - during a congress presentation about saphenous anatomical variations in 2009 in Scanno (Italy)<sup>6</sup>.

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