

Invited commentary on 'Infringuinal bypass using varicose veins with external scaffolding', by N. Montelione, et. al.

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submitted: Nov 17, 2024, accepted: Nov 21, 2024, Epub Ahead of Print: Nov 28, 2024
Conflict of interest: None

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The single-segment great saphenous vein (SSGSV) remains the gold standard for infringuinal bypass, particularly when targeting vessels located at or below the knee (infrapopliteal)¹⁻³. While the great saphenous vein (GSV) is the preferred material for such procedures,

alternative materials may be considered based on vein availability, patient condition, and specific circumstances. These alternatives include other autologous veins, such as the small saphenous vein (SSV), arm veins (e.g., basilic or cephalic veins), or reconstructed vein segments in cases where a single, long vein is unavailable⁴⁻⁵.

Montelione et al. offer an insightful clinical observation on utilizing ectatic or varicose GSVs as conduits for infringuinal bypass by employing partial or complete scaffolding techniques¹. Their study underscores an innovative and pragmatic approach to vein usage in critical limb-threatening ischemia (CLTI) patients, demonstrating that even compromised GSVs (e.g., ectatic or varicose) can yield satisfactory outcomes in terms of patency and limb salvage. This finding is particularly relevant in situations where healthy GSVs are unavailable. The study's focus on the successful use of ectatic or varicose GSVs and potential role of composite grafts makes a meaningful contribution to the literature on revascularization options. Additionally, it addresses the critical clinical dilemma of balancing venous insufficiency treatment with the preservation of veins for potential future revascularization. These findings are of high clinical relevance and may prompt more nuanced decision-making regarding vein utilization and preservation during lower-limb venous surgeries.

While the concept of saphenous sparing is logical and could enhance future limb salvage options, the paper would benefit from further discussion on how these recommendations could be effectively integrated into routine clinical practice.

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