Answer to the invited commentaries on 'Infrainguinal bypass using varicose veins with external scaffolding', by N. Montelione, et. al.

N Montelione, F Stilo, V Catanese, FA Codispoti, F Spinelli

Research Unit of Vascular Surgery, Department of Medicine and Surgery, Università Campus Bio-Medico di Roma, Via Alvaro del Portillo, 21, 00128 Roma, Italy
submitted: Dec 27, 2024, accepted: Dec 27, 2024, EPub Ahead of Print: Dec 30, 2024, published: Dec 31, 2024
Conflict of interest: None

DOI: 10.24019/jtavr.222 - Corresponding author: Dr. Nunzio Montelione, n.montelione@policlinicocampus.it

First, thank you for all the valuable comments on our work [1-5] regarding infrainguinal bypass using varicose veins with external scaffolding. In this experience we had the opportunity to use even very dilated GSV veins up to 8mm with the FRAME™ and up to 12mm using the Provena (that unfortunately has been withdrawn from the market). Indeed, as advised by Foggia and De Nicola, the caliber of the greater saphenous veins should be carefully measured before treating varicose veins suggesting a "saphenous-sparing" surgical approach to preserve the autologous venous material, even if varicose. Of course, patients must be informed of the reasons for this choice with the understanding that autologous resurfacing of ectatic or varicose greater saphenous veins can help to save their limbs.

As underlined by Gloviczki, the use of scaffolding is also important in children or young adults, since long-term follow-up of these vein grafts shows dilation or false aneurysms. This is in accordance with a previous publication of our group[6] in which out of 23 patients treated with Provena, four young patients with venous ectasia or previous bypass failure for dilatation received a resurfaced bypass, with good long-term results.

We hope that our work can stimulate further research to compare long-term outcome of reinforced varicose saphenous vein grafts to those obtained with prosthetic grafts, because our data come from monocentric and retrospective analysis and require additional validation. It is important to know that this kind of surgery is more time consuming and requires a lot of practice because varicose vein harvesting and bypass construction take longer time and advanced surgical skills.

References

1) Montelione N, Stilo F, Catanese V, Codispoti FA, Spinelli F. Infrainguinal bypass using varicose veins with external scaffolding. JTAVR 2023;08(2):33-38. DOI: 10.24019/jtavr.171

2) Foggia C, De Nicola P. Invited commentary on 'Infrainguinal bypass using varicose veins with external scaffolding', by N. Montelione, et. al.. JTAVR 2024;09(3):55-6. DOI: 10.24019/jtavr.210

3) Caradu C, Ducasse E, Bérard X. Invited commentary on 'Infrainguinal bypass using varicose veins with external scaffolding', by N. Montelione, et. al.. JTAVR 2024;09(3):57-8. DOI: 10.24019/jtavr.213

4) Baumgartner I. Invited commentary on 'Infrainguinal bypass using varicose veins with external scaffolding', by N. Montelione, et. al.. JTAVR 2024;09(3):59. DOI: 10.24019/jtavr.211

5) Gloviczki P. Invited commentary on 'Infrainguinal bypass using varicose veins with external scaffolding', by N. Montelione, et. al.. JTAVR 2024;09(3):61. DOI: 10.24019/jtavr.218

6) Carella GS, Stilo F, Benedetto F, David A, Risitano DC, Buemi M, Spinelli F. Femoro-distal bypass with varicose veins covered by prosthetic mesh. J Surg Res. 2011 Jun 15;168(2):e189-e194. DOI: 10.1016/j.jss.2010.12.024