Comparison of laser crossectomy versus AAV ablation with radial laser fibers in the management of refluxing anterior accessory vein.

**METHODS**

40 patients admitted to Amria and Alexandria military hospital dividedly in 2 groups, from Feb. 1st 2016 to Jan. 30th 2017

- **Group A** treated by ablation of Great saphenous vein at sapheno-femoral junction (SFJ) due to high tortuous AAV in 3 patients (15%), the remaining segment 17.04 cm was removed surgically.

- **Group B** treated by direct ablation of AAV. Ablation was done using radial 1480 YAG laser fibers and using big amount of tumescent anesthesia.

Post operative Duplex was done one day, 3 month and one year.

**RESULTS**

- **Comparison of laser crossectomy versus AAV ablation**

  - Post operative Duplex was done one day, 3 month and one year.
  - Post operative Duplex showed absence of reflux in both groups after one day and three month while recurrent reflexes observed in one case (5%) in group A patient and 2 cases (10%) in other group after one year.
  - One patient developed femoral vein thrombosis in crossectomy patients (5%) and one patient (5%) developed superficial thrombophlebitis in both groups.

- **Background**

  Incompetence at the sapheno-femoral junction (SFJ) is the most common cause (70%) of varicose veins, in some patients, reflux may occur in the anterior accessory saphenous vein (AASV) rather than the GSV. Endovenous laser ablation (EVLA) employs laser energy to ablate incompetent axial veins selectively and was originally described for the treatment of GSV reflux and its related varicosities.

- **Methods**

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- **Results**

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- **Conclusion**

  Laser crossectomy ablation could be a safe procedure in treating refluxing anterior accessory sapheno vein when using the proper laser type and enough amount of tumescent anesthesia.

**I do not have any potential conflict.**