

## ABSTRACT

**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 saphenofemoral junction 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:** Mean age was 34.6; 35.2 years respectively in both groups, while female/male was 14:6, 12/8.

One patient developed femoral vein thrombosis in crosssection patients (5%), laser fibers could not reach sapheno femoral junction due to high tortuous AAV. in 3 patients (15%) the remaining segment 17.04 cm was removed surgically.

Post operative Duplex (one day, 3 month and one year) showed absence of reflux in both groups after one day and three month while recurrent reflexes observed in one case (5%) in crosssection patient and 2 cases (10%) in other group after one year .

**Conclusion:** Laser crosssection 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.

## 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.

## PURPOSE

Comparison of laser crosssection 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 saphenofemoral junction

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

Age: 35.06±0.2, 34.3±0.5 years in both group

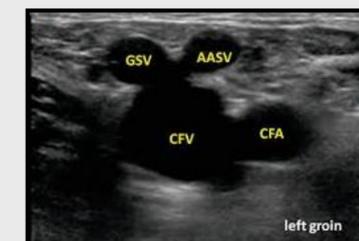
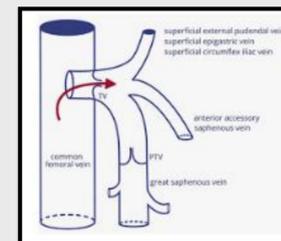
M/F: 6/14, 8/12

IN group A All patients showed absent reflux post operatively and in all follow up visits.

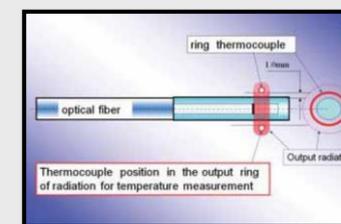
In group B laser fibers could not reach sapheno femoral junction due to high tortuous AAV. in 3 patients (15%) the remaining segment 17.04 cm was removed surgically.

## RESULTS

### Reflux at the groin



### Catheter at SFJ



Evlt safety

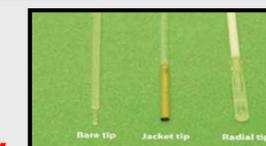


Table 1. clinical presentation

Clinical presentation	A	B
C2	2 patients	One patient
C3	7 patients	7 patients
C4	6 patients	10 patients
C5	One patient	-
C6	4 patients	2 patients

## RESULTS

Post operative Duplex (one day, 3 month and one year) 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 crosssection patients (5%) and one patient (5%) developed superficial thrombophlebitis in both groups

## CONCLUSION

Laser crosssection 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.

## DISCLOSURES

I do not have any potential conflict