

Evidence Discussion (PVI.203.A)

Treatment of pathologic perforators

PVI.203.A

Pathologic perforators located directly under the wound bed of a non-healing ulcer can cause delays in wound healing and treatment can expedite closure of the wound and decrease the risk of recurrent ulceration. Intervention is indicated for active venous ulceration in which the perforator is located near the ulcer and demonstrates reflux on duplex imaging.

Treatment of any axial saphenovenous reflux should be performed prior to treatment of pathologic perforators. Appropriate treatment options include endovenous ablation, surgical phlebectomy and sub-fascial endoscopic perforator surgery (SEPS). Each of these are acceptable options for management of pathologic perforators.

References

1. Gloviczki P, Lawrence PF, Wasan SM, Meissner MH, Almeida J, Brown KR, Bush RL, Di Iorio M, Fish J, Fukaya E, Gloviczki ML, Hingorani A, Jayaraj A, Kolluri R, Murad MH, Obi AT, Ozsvath KJ, Singh MJ, Vayuvegula S, Welch HJ. The 2023 Society for Vascular Surgery, American Venous Forum, and American Vein and Lymphatic Society clinical practice guidelines for the management of varicose veins of the lower extremities. Part II: Endorsed by the Society of Interventional Radiology and the Society for Vascular Medicine. J Vasc Surg Venous Lymphat Disord. 2024 Jan;12(1):101670. doi: 10.1016/j.jvsv.2023.08.011. Epub 2023 Aug 29. PMID: 37652254