Compression therapy and endovascular treatment of Klippel-Trenaunay syndrome

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Disclosure

Speaker name:

I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

I do not have any potential conflict of interest
Introduction

- Klippel-Trenaunay syndrome (KTS) is a congenital peripheral vascular disease, and is composed of port-wine stain, limb hypertrophy and varicose veins. The etiology is unclear.
- We summarizes the clinical feature of KTS, and to explore the feasibility of endovascular treatment.
Objectives

- According to clinical manifestations and treatment choices the patients were divided into venous type (superficial vein circuity expansion) and arterial type (limb growth enlargement with skin temperature high).
Methods

• From August 2010 to April 2015 our hospital outpatient and ward made diagnosis and give treatment and follow-up of 62 cases of KTS, according to the ages divided the patients into infant period (0 to 6 years old), puberty (6 to 18 years old), and adulthood.
Distribution of patients

• Of all the patients, 21 cases of the infant stage, 32 cases of puberty, 9 cases of adulthood. Women in 49 cases, 13 cases for men.

• 35 cases of conservative treatment, insist to wear elastic stocking, accompanied by adulthood limb swelling or ulcer can be venous active drugs such as Aescuven forte and Alvenor.

• 27 cases accepted Surgical treatment, venous type 16 cases and arterial type in 11 cases respectively.
• wear elastic stocking, accompanied by adulthood limb swelling or ulcer can be treated with venous active drugs such as Aescuven forte and Alvenor.
This patient does not have a patent deep venous system, not suitable for surgery.
This patient recured after open surgery. CTA showed AVF. He was treated with compression therapy.
• Post RFA and multiple foam sclerotherapy showed decrease in varicosities and leg swelling
Pre operation US
M, 11Y, R leg foam sclerotherapy
Procedure of foam sclerotherapy
F, 21Y, L leg foam sclerotherapy
M, 19Y, R leg foam sclerotherapy
F, 23Y, R leg
foam sclerotherapy
F, 24Y, L leg
foam sclerotherapy and endovascular therapy
- M, 43Y, L leg
- foam sclerotherapy
- And RFA
Traditional strip surgery
KTW—arterial type

- (DSA) in 11 patients were visible enlargement of limb artery, arterial branch in disorder.
- Endovascular treatment with PVA particles and spring coil embolization
- treated 3 to 5 times on average.
KTW CASE

- M, 65Y, R leg
- STENT And embolization
KTW CASE

- F, 23Y, L arm
- STENT And embolization
thrombosis

• M, 46Y, R leg
• Amputation
Summery

• All patients were followed up for 1 ~ 5 years, an average of 3 years. 35 cases of conservative treatment symptoms including pain, cramping, limb swelling, and bulging of veins decreased.

• 11 cases of arterial type DSA revealed AVF. After endovascular treatment limb enlargement phenomenon gradually reduced.

• 16 cases of venous type varicose vein disappeared, pain relieved. **RFA resulted in successful occlusion of the incompetent varicose vein.** Ultrasound-guided foam sclerotherapy showed complete occlusion of the residual veins.
Thanks!
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