

# Réparation valvulaire dans la maladie post-thrombotique

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## Résumé

Deep venous incompetence, isolated or frequently associated with deep venous obstruction or superficial venous incompetence, is among the main causes of chronic venous insufficiency.

Deep venous incompetence is due to three principal causes: primary venous insufficiency, secondary venous insufficiency (post-thrombotic syndrome) and valve agenesis.

In primary venous insufficiency we are usually in the presence of reparable valve. The surgical correction is obtained by means of valvuloplasty.

In post-thrombotic syndrome (PTS) or in valve agenesis, where a direct valve repair is not feasible due to valve destruction (PTS) or valve congenital absence (agenesis), surgical techniques as transposition, valve transplant and neovalve are available.

The indications to deep venous surgery are clinical class C3-C6. Every patient with chronic venous insufficiency should be attentively investigated. Due to the limit of ultrasound in making an exhaustive diagnosis, an integrated diagnostic evaluation with air plethysmography, venography and IVUS is needed.

When a proximal obstruction is detected, it must be treated first. After that, if the re-equilibrium of the leg is obtained, our mission is accomplished. If not, open surgery can be advisable to correct possible obstruction by means of endophlebectomy at common femoral level and/or to correct deep venous reflux.

Deep venous surgery is safe and able to improve considerably the quality of life in patients affected by severe chronic venous insufficiency.