Targeting Venous Disease

Venous disease continues to be an area of great opportunity for endovascular therapies on the one hand and an area of medicine where there remains a great need for scientific data.

The ATTRACT trial seeks to determine if routine adjunct catheter-directed thrombolysis can prevent post-thrombotic syndrome in DVT patients. Suresh Vedantham, MD, discusses this trial's design and how it can serve as a model for change in further DVT research.

Increasing interest in the relationship between chronic cerebrospinal venous insufficiency (CCVSI) and multiple sclerosis (MS) has reached great intensity. Patients with MS have been increasingly seeking out and demanding therapies that at this point remain unproven. In the era of "viral" movement of information and consumer-driven healthcare, many are concerned about the potential damage of therapies being advanced with little or no scientific information. Dr. Salvatore J.A. Sclafani's review of this disease, from its diagnosis and management in patients with MS, and commentary from Michael D. Dake, MD, and myself, citing the need for further study before widespread application of treatment, provide an up to date summary of the issues in this field.

Wayne F. Yakes, MD, then details the management of intraosseous vascular malformations, a rare presentation that has shown improvement with endovascular therapy. Treatment experience is limited due to its uncommon occurrence, but thorough knowledge is necessary to ensure successful outcomes when faced with these lesions.

Jeet Minocha, MD; Robert K. Ryu, MD; Jennifer Karp, RN; and Robert J. Lewandowski, MD, explain how they established a dedicated IVC filter clinic and its impact on retrieval rates. Such a model could provide for more frequent retrievals, with fewer than 50% of filters currently being retrieved in clinical practice.

If you are interested in treating venous disease, it is essential that you become involved with societal and nonsocietal programs alike, as well as staying updated with the available literature. Steve Elias, MD, shows us the best way to get started in this arena.

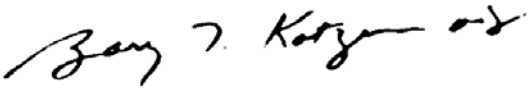
The SFA continues to be an area with numerous unanswered questions, but the RESILIENT trial has shed some light on the roles of angioplasty and stenting. Dr. John R. Laird and I discuss what we can take away from this trial and encourage you to support industry in their efforts to provide high-level data in any vascular arena.

We also have a Challenging Cases article this month by Grace J. Wang, MD, and Matthew H. Levine, MD, PhD, on the endovascular management of iliac artery and anastomotic stenoses. The case features a patient with a history of gunshot wound, end-stage renal disease, and subsequent kidney transplant.

Kenneth R. Thomson, MD, FRANZCR, shares a Techniques article on the endovascular retrieval of migrated, malfunctioned, or fractured devices. He describes the snares and other devices useful in retrieval but reminds us that there are occasions when harmless objects can be left in situ, as well as jobs that should be addressed with surgery.

We conclude with an interview with Benjamin W. Starnes, MD, discussing the latest on rapid RV pacing in thoracic endovascular procedures, as well as his training at Walter Reed Army Medical Center.

In this issue, *Endovascular Today* again shows our ability to timely disseminate information that will be of direct importance to your practice. ■



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