

# PARIS

JOURNEES INTERNATIONALES  
ET FRANCOPHONES  
**ANGEIOLOGIE**

# 2015

## Algorithme de traitement de l'ulcère veineux

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L'ulcère veineux  
( CEAP - C6 )  
n'est pas un événement  
oui/ no  
mais plutôt une  
condition de vie du  
patient

***pourtant le traitement de l'ulcère doit être adressé:***

1) au contrôle de la douleur

2) à l'amélioration de la qualité de vie

3) à l'identification et correction de la cause

***pourtant le traitement de l'ulcère doit être adressé:***

1) au contrôle de la douleur



2) à l'amélioration de la qualité de vie



3) à l'identification et correction de l'étiologie



**actions simultanées**

1) control de la douleur

2) amélioration de la qualité de vie



thérapie médical

(traitements local, compression, médicaments)

# Wound Bed Preparation TIME

Flanagan 2003

T

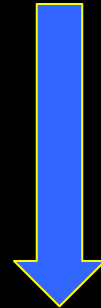
I

M

*Molecular environment*

E

# Compression médicale

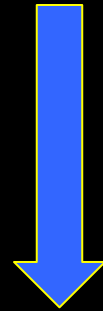


évidence de l' efficacité

Moffatt C, Kommala D, Dourdin N, Choe Y. Venous leg ulcers: patient concordance with compression therapy and its impact on healing and prevention of recurrence. *Int Wound J* 2009;6:386-393.

Marston WA, Carlin RE, Passman MA, Farber MA, Keagy BA. Healing rates and cost efficacy of outpatient compression treatment for leg ulcers associated with venous insufficiency. *J Vasc Surg* 1999;30:491-8.

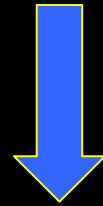
### 3) identification et correction de l'ethiologie



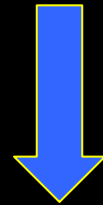
- pour aider et stabiliser la guérison
- pour réduire le taux de récurrence



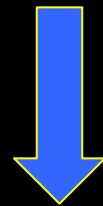
Hypertension veineuse



Hypertension capillaire

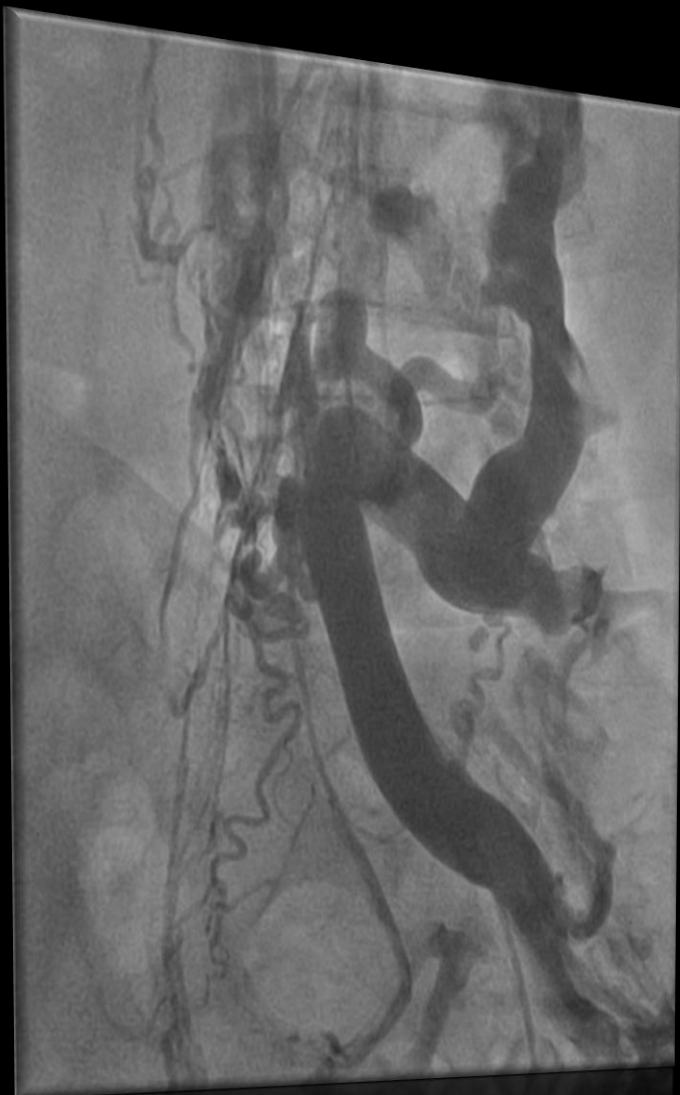


dommage microcirculatoire



ulcère



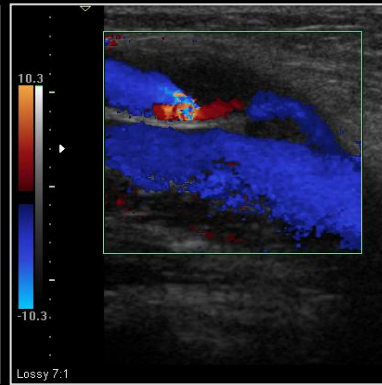


**Obstruction**

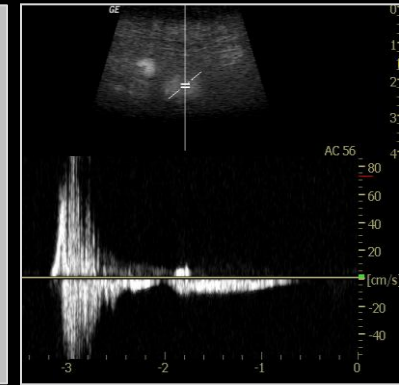


**Reflux**

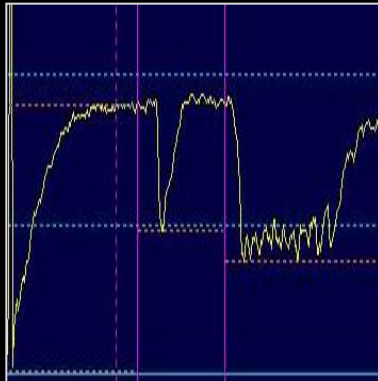
**Echo Doppler**



**B-Flow**



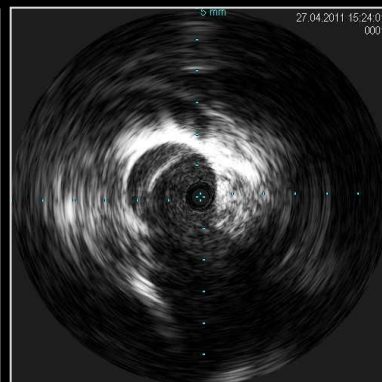
**Plethysmography**



**Venography**



**IVUS**



**Venous TC-RM**



Il est bien connu depuis long temps que le reflux primaire est la cause dans au moins 50% des cases d'ulcère

Labropoulos N, Leon M, Geroulakos G, Volteas N, Chan P, Nicolaides AN. Venous hemodynamic abnormalities in patients with leg ulceration. *Am J Surg* 1995;169:572-74.

Hanrahan LM, Araki CT, Rodriguez AA, Kechejian GJ, LaMorte WW, Menzoian JO. Distribution of valvular incompetence in patients with venous stasis ulceration. *J Vasc Surg* 1991;13:805-12.

## Traitement du reflux superficile

ablation thermique  
ablation chimique  
chirurgie ouverte



O'Hare JL, Earnshaw JJ. Randomised clinical trial of foam sclerotherapy for patients with a venous leg ulcer. *Eur J Vasc Endovasc Surg* 2010;39:495-99.

Van Gent WB, Hop WC, Van Praag MC, Mackaay AJ, De Boer EM, Wittens CH. Conservative versus surgical treatment of venous leg ulcers: a prospective, randomized, multicenter trial. *J Vasc Surg* 2006;44:563-71.

Barwell JR, Davies CE, Deacon J, Earnshaw JJ, Esher J, Heather BP, Mitchell DC, Taylor M, Whyman MR, Poskitt KR. The ESCHAR Study: a randomised control trial comparing surgery plus compression with compression alone in chronic venous ulceration. *Lancet* 2004

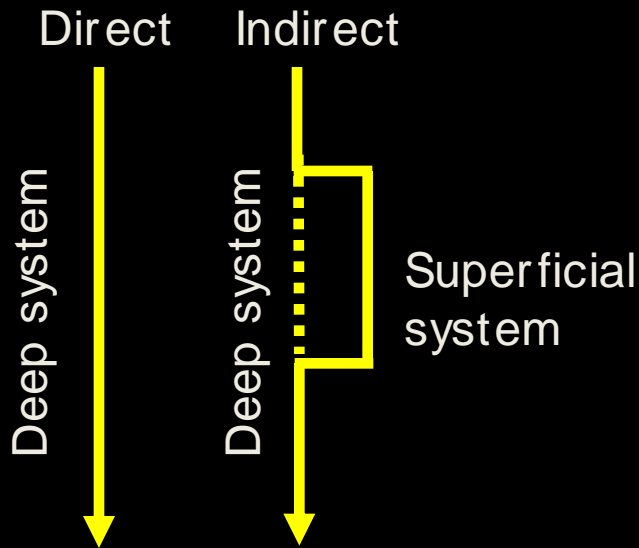
Guest M, Smith JJ, Tripuraneni G, Howard A, Madden P, Greenhalgh RM, Davies AH. Randomized clinical trial of varicose vein surgery with compression versus compression alone for the treatment of venous ulceration. *Phlebology* 2003;18:130-136

# L' IVC est plus frequemment liée au reflux axial

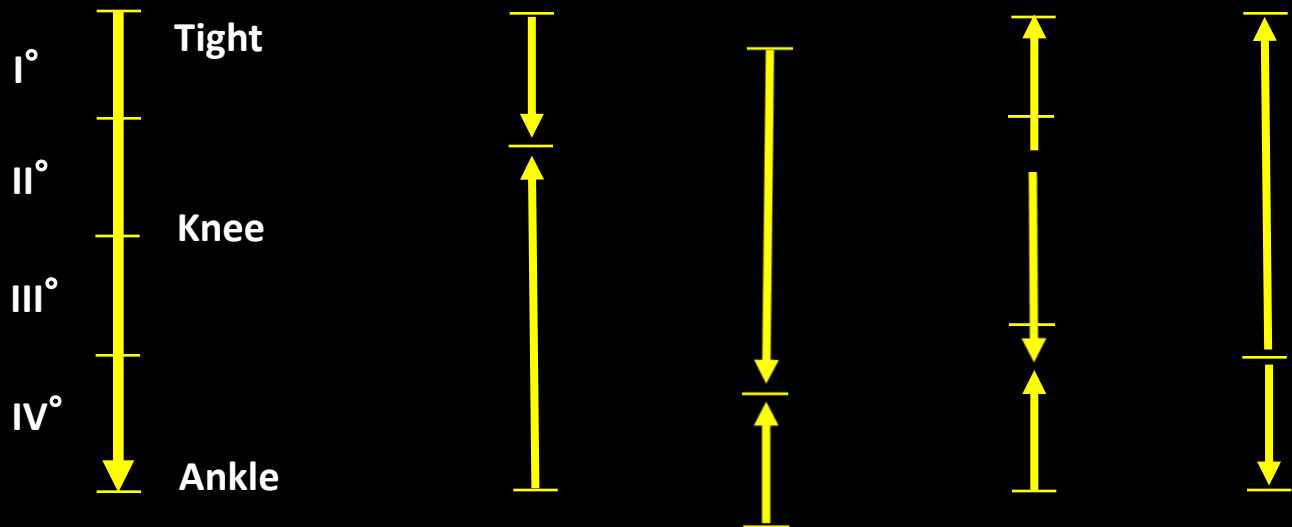
Danielsson G, Arfvidsson B, Eklof B, Kistner RL, Masuda EM, Satoc DT. Reflux from thigh to calf, the major pathology in chronic venous ulcer disease: surgery indicated in the major of patients. *Vasc Endovascular Surg* 2004;38(3):209-19.

# Reflux veineux profond

- Axial



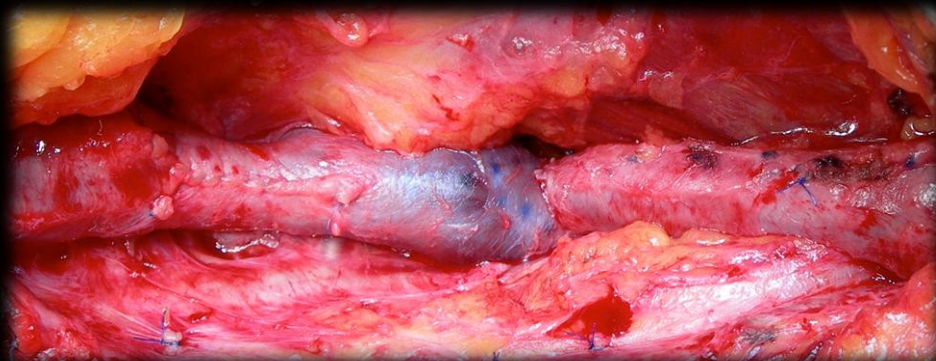
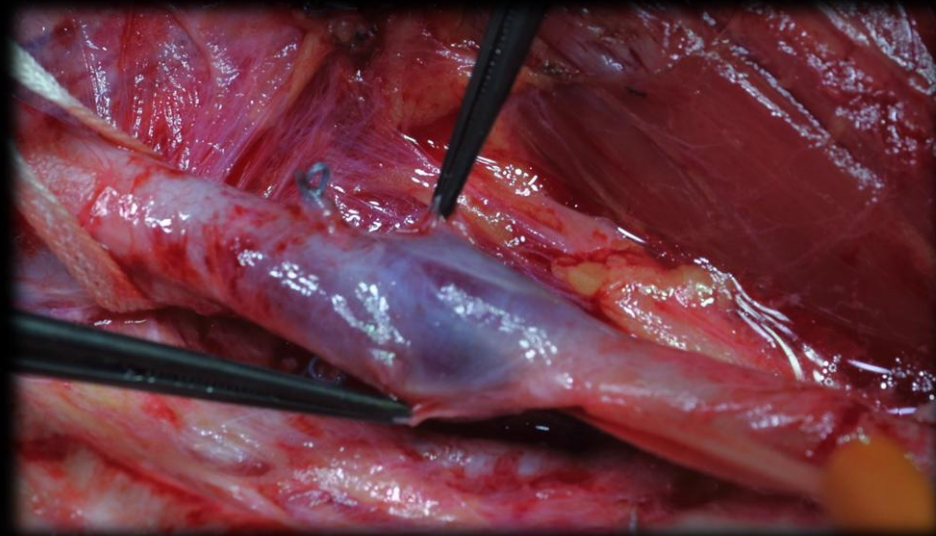
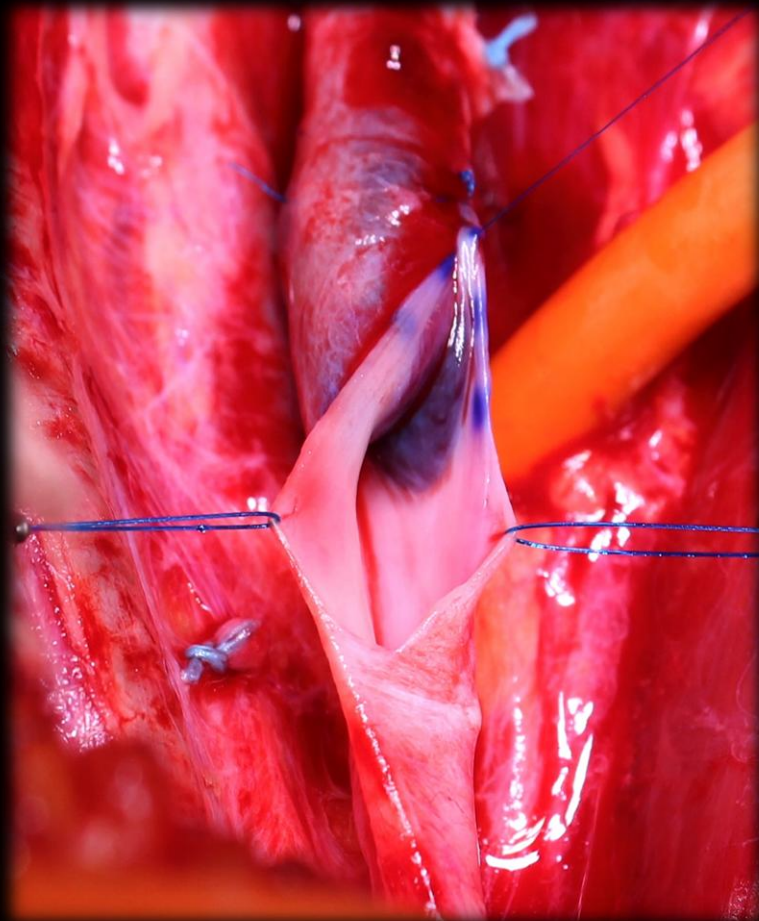
- Segmental



Kistner RL, Ferris EB, Randhawa G, Kamida C. A method of performing descending venography. *J Vasc Surg* 1986;4(5):464-8.



# correction du reflux profond



# rôle de l'obstruction



Neglen P, Thrasher TL, Raju S. Venous outflow obstruction: an underestimated contributor to chronic venous disease. *J Vasc Surg.* 2003;38:879–885.

Raju S, McAllister S, Neglen P. Recanalization of totally occluded iliac and adjacent venous segments. *J Vasc Surg.* 2002;36:903–911.

Raju S, Darcey R, Neglén P. Unexpected major role for venous stenting in deep reflux disease. *J Vasc Surg* 2010;51:401-9

# Venoplasty/stenting

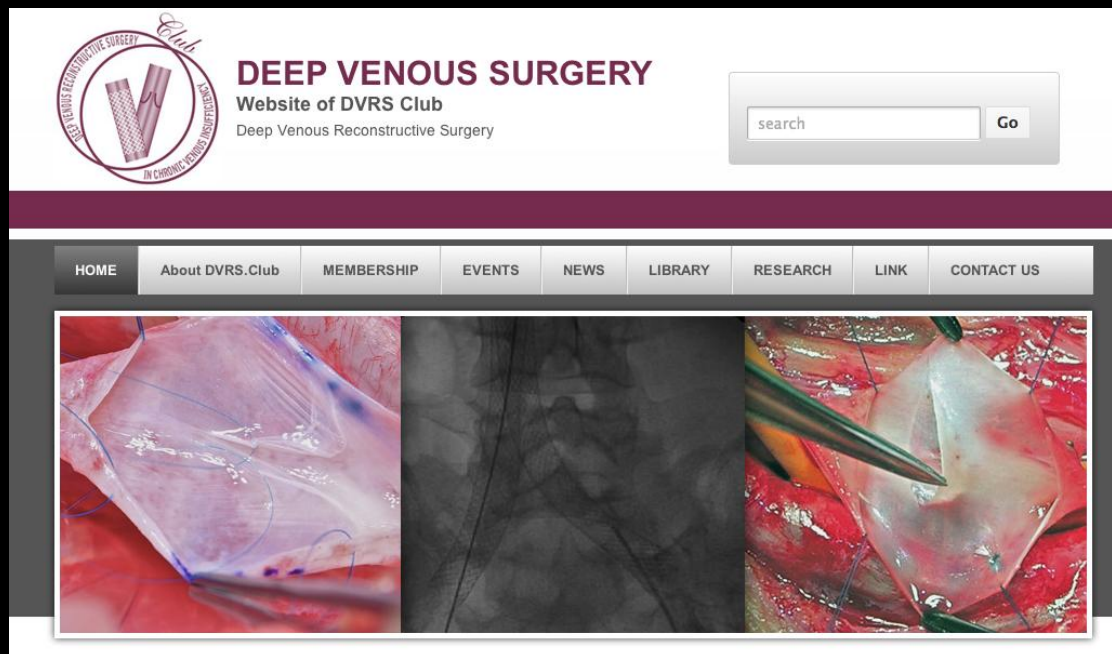


# Conclusions

L'ulcère est un symptôme et pourtant il faut rechercher et traiter quand possible la maladie que l'a déterminé.

Il faut ne s'arrêter pas à la guérison de la peau


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Merci