Sclerotherapy of Reticular and Telangiectic Veins: How I Do It

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1 Basic rules

Strategy of telangiectic vein treatment: first high pressure feeding veins are injected.

US examination is recommended even in telangiectic vein cases.

Too much sclerosing material can cause a transparietal burn, a iatrogenic injury to the vein and its consequences can be seen on the skin.

I use 0.5 % polidocanol

Never use foam for telangiectic veins, it is too strong.

I use excentric compression with bandages for 2-5 days after every session, even in spider vein cases.

2 Treatment of reticular veins behind telangiectasias is also necessary

Transillumination helps to treat feeding veins of telangiectasias.

3 AV shunts are behind some teleangetectic veins

Arterial pulse can be detected with CW Doppler in the region of some spider veins.
If pulse sounds above a spider vein, this location is suspicious.

Laser-Doppler flowmetry on telangiectic veins: there is much higher flow in some telangiectic veins than in others and in the surrounding skin.

Consequences of being aware of AV shunts

- Amount of given sclerosing agent is limited to prevent its getting into an artery through the shunt.
- No danger of paravenous diluted polidocanol injection, this will not cause any damage.
- Bleeding veins can be closed with a quadel.
- I make lavage of the lumen of the treated telangiectic vein with diluted sclerosing agent.

**Stopping bleeding** with quadel: when a little amount of 0.5 % polidocanol is given intracutaneously, bleeding stops. It helps us to work with a clean surface.

**Lavage to remove clot:**

- Clot makes pigmentation.
- Elimination of clot is recommended.
- Introduction of needle into the occluded lumen of the teleangiectic vein, first transversally (these are punctures) and then longitudinally.
- This is made with insulin (28G) needle and 0.5 % polidocanol.
- Paravenous injection will not cause any skin damage, which means there is no risk (exclusively intravenous injection of polidocanol can evoke necrosis).

What is the effect of lavage?

- **Removes clot** with help of multiple puncture and fluid.
- Introducing needle into the lumen **fractures the clot**, which helps it to be dissolved.
- Injecting polidocanol into the clot also **helps dissolution** process.
- **Repeated sclerotherapy** improves the final result.

**Corona phlebectatica paraplantarlis**

Laser-Doppler examination shows high speed and pulsating flow in the corona phlebectatica paraplantarlis.

Treatment with sclerotherapy: this is a consequence of CVI. For long-lasting results it is compulsory to treat source veins first.
Conclusions

- Sclerotherapy of telangiectic veins in my practice is very different from the treatment of bigger veins.
- There is a big difference between telangiectic and other veins in some regards, and maybe these are a separate entity.

References
