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Endovascular Deep Vein Reconstruction improves Leg Ulcer Healing

The aim of this study was to analyse how safe and reliable is iliac vein stenting in patients with non-thrombotic iliac/femoral vein lesions. Prospectively maintained database of 50 consecutive patients was analysed. Total 53 iliac veins were stented for non-thrombotic lesions (compression of iliac vein) between 2011-16. Patients suffered from variety of symptoms including intractable swelling (C3), healed ulcers/lipodermatosclerosis (C4), active venous ulcer (C5), venous claudications or a combination of symptoms. Patients median age was 72 years (range 22-90), male to female ratio 21:29, median follow up was 8.2 months (range 1 to 36 months). Perioperative mortality was 0%, surgical complication rate in 30 days was 2 % (1 stent thrombosed; primary stent patency rate was 96%), 2 patients developed a non-surgical complication during first 30 days. Sixty eight percent of patients with active leg venous ulcer (C6) healed within 12 weeks post intervention.

Conclusion: Non-thrombotic iliac vein lesion stenting is safe and reliable and it might be suitable for selected group of patients with advanced skin changes due to venous hypertension.

Biography

Vascular and Endovascular surgeon, Patrik J. Tosenovsky provides services for all vascular patients, sub-specialising in chronic venous disease, diabetic foot and vascular access. Patrik performs sub-specialty procedures including; deep vein reconstructions through keyhole surgery for patients with severe post-thrombotic syndrome, surgical management of extensive DVT, laser and sclerotherapy for varicose veins, micro-vascular procedures, including free tissue transfer for non-healing ulcers. Trained in Europe as a vascular and transplant surgeon, Patrik has practiced as a consultant since 2000. He holds a fellowship from the European Board of Vascular Surgeons, which he completed in Amsterdam, and a PhD in diabetic foot. He completed his FRACS in Sydney. Patrik has always been active in research and teaching at both undergraduate and postgraduate levels. He is currently participating in an early stage clinical study in Western Australia that will look at innovative diagnostic tools for arteriovenous fistulas for patients on haemodialysis.

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