

DURATION OF POST-SCLEROTHERAPY HYPERPIGMENTATION IN PATIENTS WITH AND WITHOUT ANTICOAGULATION

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BACKGROUND

Appearance of hyperpigmentation after ultrasound guided foam sclerotherapy (UGFS) of varicose veins using aethoxysclerol is a common side effect. It is reported in 10-30% of cases persisting up to 18 months. This is affecting the overall satisfaction, even when aesthetics is not the indication. Hyperpigmentation is primarily caused by endothelial inflammation with extravasation of erythrocytes into the epidermis. Patients with risk of deep venous thrombosis after venous intervention, receive prophylactic anticoagulation postprocedural. We investigated whether administration of a prophylactic anticoagulation after UGFS may reduce the duration of hyperpigmentation.

METHODS

Patients with varicose veins (CEAP classification of C2 and C3) treated at our institution between 2016 and 2018 who developed post-sclerotherapy hyperpigmentation were retrospectively included. A quality check questionnaire was sent two years after treatment to all patients treated at our institution. Patients were asked about the appearance of hyperpigmentation and the duration until it disappeared. Medical charts were reviewed whether prophylactic anticoagulation was received after treatment or not.

FIGURE 1
Duration of Hyperpigmentation

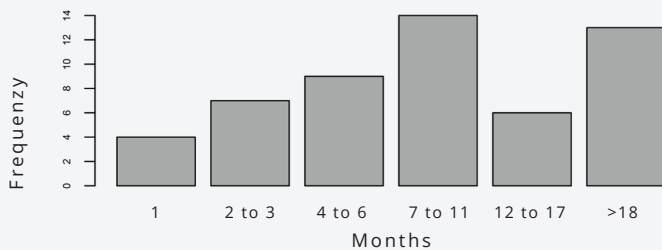
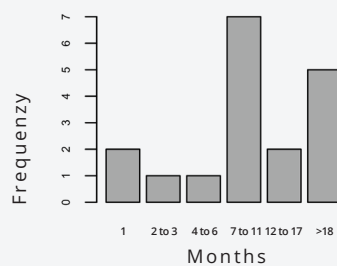


FIGURE 2
With anticoagulation



Without anticoagulation

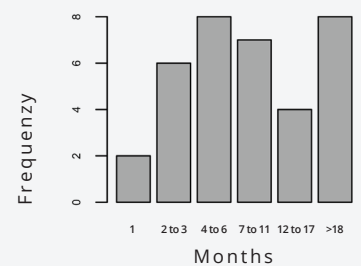


FIGURE 3

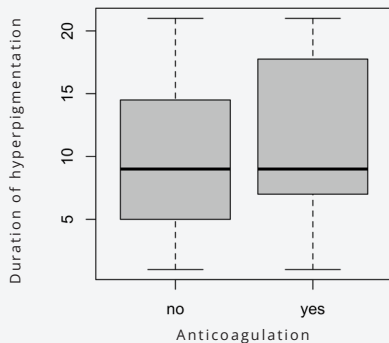


FIGURE 4

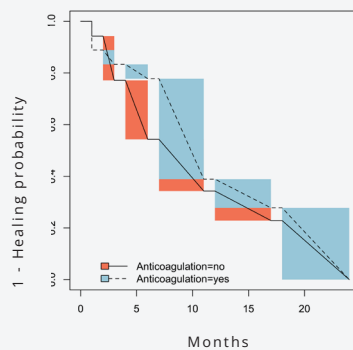


FIGURE LEGENDS

Figure 1 Duration of hyperpigmentation in all patients

Figure 2 Duration of hyperpigmentation with and without anticoagulation

Figure 3 Sensitive analyze taking the middle point of each category as response

Figure 4 Taking the middle point of each category as response and considering observations in category >18 as censored

RESULTS

Among 349 patients treated in our institution and 143 questionnaires returned, 57 patients (82% female) developed post-sclerotherapy hyperpigmentation on self-reporting and met the criteria to be included in this analysis. The median age was 59 years (interquartile range: 48-67 years). In total, 20 patients received any anticoagulation after the intervention and 37 patients did not. Using an ordinal logistic regression model, we found that for patients taking prophylactic anticoagulation, the adjusted odds of having hyperpigmentation lasting more than 6 months (versus less than or equal to 6 months) were 2.66 times higher (95% CI 0.83- 9.07, $p = 0.11$) than for patients not taking anticoagulants.

CONCLUSION

We could show a trend toward longer hyperpigmentation but no significant difference between the patients with and without prophylactic anticoagulation after UGFS, while we first postulated, that the duration of hyperpigmentation may be reduced by it.