

# Treatment of bone perforators

A.-A. Ramelet, Bern (Switzerland)

No potential conflict of interest

### **Bone perforators**

2006 - 2015: 32 patients, 35 legs

Ramelet A-A. (Bern)

**Crebassa V. (Montpellier)** 

D'Alotto C., Buero G. (Buenos Aires)

Gillet J-L. (Bourgoin-Jallieu)

**Grenot-Mercier A. (Arras)** 

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Obermayer A. (Melk, A)

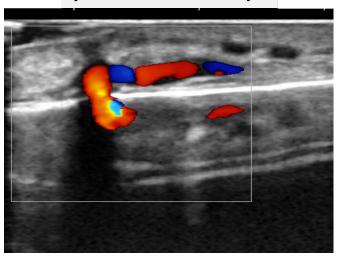
Pacheco K-G. (Madureira, Br)

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Soulié D. (Melun)

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(Coll. Dr J.-L Gillet)





#### Anomalous intraosseous venous drainage

First author	Year	N	Sex	
Schobinger & Weinstein	1962	1	M66	Т
Boutin	1997	2	M5 – F1	Т
Diaz-Candiamo	1999	1	M	Fibula
Peh	2000	1	M	Т
Jung	2009	3	M – F2	Т
Mirault	2010	1	M	Т
Kwee	2013	1	M	Т
Ramelet et al.	2015	32	M19 - F13	Т
Hernandez	2015	1	M84	Т
Dermesropian	2015	1	M35	Т
Moraes	2016	1	M23	Т
Spinedi	2017	1	-	Т
Rabin	2018	1	F76	Т
Rezaie	2018	1	M67	Т

N = 48

**December 2018** 

Table I - 35 cases of bone perforators of the tibia

	Contribut ors initials	Patient initials	Sex	Age	Year	Family history	CEAP	Trau ma	Tibia Side	Duplex	RX	Treatment	Follo w-up (y)	Remarks
1	AB	JZ	M	79	2013	[ * [	C2s	*	R	BP	- <del>1</del>	OP	1	Relapse
2	AB	LGB	F	64	2013	#.	C2a	8	L	BP	₩	Sciero	0.5	
3	AB	MI	F	63	2013	+	C2s	*	R	B P + GSV		Sclero	8.0	Partial recanalisati on
4	Cr	DN	F	47	2013	+	C2s		R	B P	+	Sclero	0.5	
5a	Cr	IR	F	59	2013	*	C2s		R	B P	+	Sclero	1	
5b	Cr	IR			Ā.		C2s	-	L	BP	+	Sclero	1	
6	Cr	LH	F	79	2014	+	C4As	¥	L	BP	4	Sclero	<1	
7	Cr	VN	F	32	2010	( # (	C2s	*	100	BP	- <del>14</del>	Sclero	4	
8	Cr	LCH	F	79	2014	#.	C2s	⊕ )	L	B P, + GSV	*	Sclero	< 1	
9a	Gi	RG	M	64	2011	8	C2s	8	R	BP, + GSV	- 38	Sciero	3	
9b		RG			Y'	ii ii	C2a		L	BP	85	Sciero	<1	
10	Gi	RJ	M	53	2012	*	C2s		1.	B P	55	Sclero	2	
11	Gi	GPR	М	53	2001/ 13		C2s		L	BP	₩.).	ES	11	Failure AP
12	Gi	SR	P	59	2007	+	C2s	300	R	ВP	H MRI	ES	6	Previous of 2 GSV
13	GrM	HV	F	36	2013	*	C2s	*	R	B P		ES	0.5	3 sessions ES
14	SK	DB	F	38	2013	+	C2s	*	L	B P+SSV+ TPV	ii.	Op	0.1	
15	SK	СВ	F	46	2015	+	C2s		R	BP+TPV	95		20	To be operated
16	Me	AM	F	71	2005		C2s	+	R	BP	12	ES (1)	1	
17	Me	BS	М	52	2014	*	C2a	*	R	ВР	8	*	\$4	Previous of 2 GSV
18	Me	KK	M	45	2014		C2s	8	R	BP	₹.	Sciero		
19a	Mo	AF	F	54	2013	8	C2s		R	BP	- 12	ES	<1	Pain
19b		AF			01		C2s	*	L	BP	25	ES	< 1	
20	Ob	HF	М	34	2006		C2,3,4A,s	*	R	B P, TPV	СТ	Ор	4	Exercise induced oedema
21	Pa	CMSO	F	59	2014	+	C2s	-	R	BP, GVS	- 82	Op	0.5	
22	Pr	AR	М	72	2014	*	C6s	*	L	BP, deep veins reflux	3%	*	0.5	PTS
23	Pa	SB	F	68	2014	Ŧ	C2s		R	BP + GSV	85	Op	< 1	
24	Ram	RT	М	60	2004	*	C5s	*	L	B P	+ MRI	Op/sclero	9	Several sessions
25	Ram	ZM	M	46	2013	+	C4As	+	R	B P	+	Op/sclero	1	
26	Ram	GB	M	68	2014	¥	C4B s		L	BP	+			
27	Ram	LJC	F	74	2014	+	C2s		R	B P	+	. 3	. ₽	
28	Ras	ZIB	F	52	2014		C2a		R	B P	3	126		
29	Ras	PAG	M	45	2014		CZa		L	BP	2			
30	Ras	RIA	F	87	2015		C4Aa		R	B P	*	*	. ₩	
31	Ras	RA	F	33	2015		C2s		R	4 BP				4 BP I
32	Sou	PZ	M	51	2014	#5	C4As		L	BP	141	Sclero	0.5	

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5a	Cr	IR	F	59	2013	+	C2s		R	B P	- 1	Sclero	1	
5b	Cr	IR					C2s		L	BP	4	Sclero	1	
6	Cr	LH	· P	79	2014	+	C4As	- W	(JP)/	BP	+	Sclero	< 1	
7	Cr	VI	_	_							- 54	Sclero	4	
8	Cr	LC	7	ito	h	atai	roge	nc		IC W	3+	Sciero	< 1	
9a	Gi	Ri	ДU		;	こしてに	UK			S	录	Sciero	3	
9b		351					0				-25	Sclero	<1	
10	Gi	R			- •						:3	Sclero	2	- 147 TW
11	Gi	GP	COL	lec	ctiv	/e					i.	ES	11	Failure AP
12	Gi	SI			l			<u> </u>	V		+ MR	ES	6	Previous of 2 GSV
13	GrM	HV	F	36	2013	*	C2s	*	R	B P		ES	0.5	3 sessions ES
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18	Me	KK	M	45	2014		C2s	8	R	BP	5÷	Sclero	- ± 1	779-74
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28	Ras	ZIB	F	52	2014		C2a		R	BP	2	. *		
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32	Sou	PZ	M	51	2014	+	C4As	⊕ ⊕	L	B P	34	Sciero	0.5	

#### **Treatment**

Asymptomatic – ignored (frequent?).  $\rightarrow$ ?

#### **Necessity of treatment**

• +/- : Symptoms

• +++ : Trophic changes

• + : Evolutivity

## **Treatment - Compression**

As bone perforators and varicosities are mostly located in areas where curvature radius is high,

compression therapy by stockings are probably not an appropriate treatment option,

even with additional eccentric compression

# **Treatment - Phlebectomy**

Phlebectomy of varicosities

+/- sclerotherapy



## **Treatment - Surgery**

- Meticulous dissection of the varicosities may demonstrate the bone perforator
- This foramen, with a potential bleeding, may be occluded by tamponade with a peroperatively removed varicose vein or by wax
- TTT of saphenous veins if associated



# **Treatment - Sclerotherapy**

- Fear of a potential risk of deep venous thrombosis
- No compression effect on the bone perforator
- Risk to inject into the bone?
- Intraosseous injection of sclerosant agents: well tolerated and safe: 38 consecutive patients suffering from aneurysmal bone cysts have been successfully treated with percutaneous sclerotherapy with polidocanol

Brosjo 2013

- Sclerotherapy and ultra guided sclerotherapy
- Either with polidocanol or sodium tetradecyl sulphate (STS), as a solution or foam (0.5 1.0% polidocanol)
- Ethylic alcohol (Peh 2000)
- In our experience, quite effective and well tolerated (21/35 of our patients)

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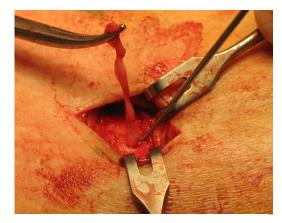
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# **Treatment - Complications**

#### Rarely reported:

- Severe pain after echosclerotherapy in one 54 years old female patient
- Pain after injection of Ethylic alcohol (Peh 2000)
- Important intra-operative haemorrhage in some patients: tamponade of the bone perforator with wax, or using a previously removed varicose vein
- Treatment failure reported in 3 patients



**Alfred Obermaier** 

#### **Treatment - Results**

- To be interpreted with caution
- Several sessions may be necessary to achieve good results after the different modalities of sclerotherapy and/or surgery
- Follow-up is short in the majority of cases
- One of our patients was operated twice, years before developing a leg ulcer, two different surgeons dissecting the perforator down to the bone foramen and occluding the orifice with glue...

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