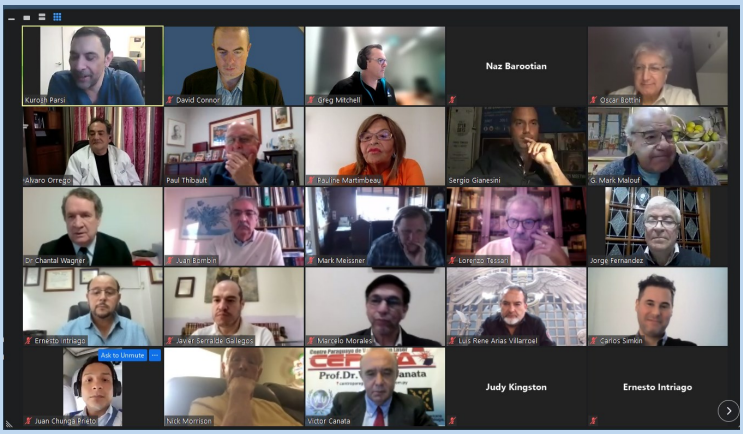
UIP NEWSLETTER

SEPTEMBER, 2021

UIP GENERAL COUNCIL MEETING at the Phlebology, Lymphatic and Aesthetics Meeting in Buenos Aires

September 25-27, 2021



THANK YOU ALL WHO ATTENDED THE GENERAL COUNCIL MEETINGS.

Dear General Council Members,

The UIP wants to extend a big thank to all the members who attended to the two online UIP General Council Meetings. We hope you have enjoyed them.

As was resolved in the last UIP General Council meeting, the UIP will be holding a General Council meeting during the Phlebology, Lymphology and Aesthetics in Buenos Aires on 25th to 27th September, 2021.

Since the last UIP General Council Meeting was held in 2019, the Executive Committee would like to take the opportunity to update its member societies on its activities since the last meeting.

The next meeting will be held in September:

UIP General Council Meeting Phlebology, Lymphology and Aesthetics Congress in Buenos Aires
25th to 27th September, 2021

Registrations for the meeting will be sent to all the UIP member societies by MCI, the UIP's core professional congress organiser.

A quick reminder: The UIP has had to reschedule the 2021 Istanbul World Congress until 2022 due to the COVID-19 pandemic.

IN THIS EDITION

We recommend all the member societies to keep their society's details updated on the UIP website in order to continue receiving invitation to events and other activities. Ensure all the details are correct to avoid any inconvenience. Please bear in mind that each society member is responsible for keeping their details updated on our records.

UIP ANNOUNCEMENT

INVITATION FOR NEWSLETER CONTENT

UIP SPEAKER BOX

The UIP is delighted to offer all its members to report a comment in future editions of the UIP newsletter. Topics can be related to evidence based science, phlebolymphology advancement, problem solving in clinical practice. If you are interested in submitting a comment, send a 300 word summary to:

communications@uipmail.org

SPONSORSHIP OPPORTUNITIES

The UIP welcomes sponsorship for its newsletter from Industry. If you are interested in placing and advertisement or sponsoring the UIP newsletter, please contact us at:

execdirector@uipmail.org

ABOUT US

The UIP Newsletter has been produced and distributed from Sydney, Australia, with the contribution of the members of the UIP. The UIP Newsletter Editor Melisa Lopez is a professional Spanish Translator from Argentina, based in Sydney since 2019.

Advertising opportunities are available, and contributions and enquiries are welcome!

SOCIAL MEDIA

Keep in touch!

Follow our social media accounts and make sure you will be notified of updates, deadlines and important news!

UIP ANNOUNCEMENT

UIP General Council Meeting: Thank you to all who attended!

The UIP wants to extend a big thank to all the members who attended to the online UIP General Council Meetings.

We hope you have enjoyed it.

fleboweb

www.fleboweb.com

Dr Sergio Garbarz

Argentinian Society of Phlebology and Linfology

Fleboweb– by Dr Sergio Garbaz

"During the lockdown due to the Covid pandemic, several phlebology societies began to perform virtual conferences addressing multiple topics of great interest.
Then we started to design an online webinar calendar where the organizers can publish their activities and to be visible for all colleagues who wish to attend.
In June 2020 our site **www.fleboweb.com** debuted with the support of the Argentine Society of Phlebology and Lymphology and in just 2 months later its calendar of scientific activities was filled."

UIP Education Modules

The **UIP education modules** are a tremendous resource for trainees and junior doctors interested in learning Phlebology. Access is free for Tier 2 and Tier 3 countries.

Click here to learn more: https://www.uip-phlebology.org/online-education

UIP SOCIETIES: Past, Present & Future

Each month, the UIP invites one Member Society to provide a brief summary of its past, present and future activities to be included in the newsletter. This month, the Benelux Society of Phlebology has provided an article.

If you would like to see your society in this section, please email us at **communications@uipmail.org.**

Benelux Society of Phlebology

The **Benelux Society of Phlebology** is an association of medical doctors of 3 different countries, Belgium, The Netherlands, and Luxemburg. It is a small but very active society interested in Venous and Lymphatic pathology.

Our society has been founded in Eindhoven in The Netherlands in 1957. We are one of the oldest Phebological societies worldwide. In the past several of our members became board members of the UIP. They helped in the development of the UIP which was initially a small organization.
We have a lot of experience in organizing scientific high-level meetings. We always combine our meetings with an interesting socio-cultural event and some friendly catering. This cocktail makes every annual Benelux meeting an unforgettable experience.
Since the last Amsterdam UIP meeting in 1968 more than 10.000 papers on lymphology and venous pathology have been published by centers all around the Benelux. Especially randomized controlled trials have been conducted by members of the Benelux Society and their published results are well received due to their liability, methodology and thoroughness. Members of the Benelux society contributed to international initiatives to improve quality of venous care ever since.

Research on compression, vein ablation, thrombectomy and deep venous stenting is well addressed during the last decades It is due to their endeavor for improvement the outcome of treatments in patients with venous became significantly better.
So, our past and present was focusing on improved venous care. Now our future initiative is sharing our knowledge with all UIP members by applying, as the Benelux Society of Phlebology, for the organization of

Why Amsterdam?
Belgium, The Netherlands and Luxemburg form together the Benelux. We play an important role in Europe. The harbors of Rotterdam and Antwerp are most important and as you all know Brussels is not only the capital of Belgium, but also the capital of Europe.
As from the seventeenth century the Netherlands are known for their religious freedom, which was not seen elsewhere in Europe. Today, all three countries of the Benelux are multicultural.
In Amsterdam alone you can find more than 180 different nationalities. Many cultural hot spots can be found in Amsterdam. Take the time to enjoy the historical buildings, but also the beautiful parks and museums. The city is furthermore known for organizing different international events and as being the capital of innovation. In the Benelux, you can find a variety of different cuisines and enjoy top restaurants.
Apart from our cultural hot spots and our famous cuisine, all three countries are known for their hospitality, tolerance and freedom of expression.
It is because of this diversity that we believe Amsterdam will be the perfect venue for hosting the UIP in 2025.

HONOUR BOX

Dr. Eduardo Ramacciotti

COVID & coagulation: the scientific message we should all take home

Eduardo Ramacciotti, MD, MHS, Ph.D.

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) caused the most devastating pandemic since the Spanish Flu in 1918 with many infected worldwide, leading to millions of deaths.[1]
Hemostatic alterations have been observed, and coagulation markers, namely D-Dimer, have been identified as an important prognostic factor for hospitalized patients, independently associated with mortality.[2]

It is unclear if the coagulation abnormalities occur because of the direct effect of SARS-CoV-2 or indirectly by the cytokine storm or by a combination of mechanisms.[3] The endothelial damage leads to increased risk of thrombotic complications, including arterial, venous thromboembolic, and in-situ arterial microthrombi.[4]

Growing evidence of higher-than-expected rates of thrombotic events complicating COVID-19 has emerged, mainly pulmonary embolism and primary pulmonary thrombosis. One out of every three or four patients admitted to the intensive care unit with COVID-19 is expected to complicate with a thrombotic event.[5-7]

In the beginning, many observational studies suggested the use of never tested anticoagulation regimens, such as full dose heparin in ward and ICU patients, low-molecular-weight-heparin augmented prophylactic dose and thromboprophylaxis after hospital discharge with different direct oral anticoagulants, with different dose and regimens. No random and creative anticoagulation strategy proved to be beneficial when tested in proper clinical trials setting.

The simple messages on coagulation and COVID-19 I recommend to UIP folks as of now, August 2021:

1. There is a clear indication of in-hospital pharmacological thromboprophylaxis for every patient with COVID-19 after bleed risk assessment.[8]
2. The doses are the standard prophylactic ones (enoxaparin 40 mg SC once-daily, fondaparinux 2.5 mg SC once-daily or unfractionated heparin 5.000 IU SC three times a day) during hospitalization.[9]
3. It is reasonable to extend VTE prophylaxis after hospital discharge in patients with IMPROVE-DD score 2-3 and high d-dimer levels or IMPROVE-DD > 4 with rivaroxaban 10 mg once-daily for 45 days based on the Mariner trial results.[10]
4. There are ongoing clinical trials recruiting patients to test different anticoagulation regimens in this clinical setting, including the Michelle trial (comparing rivaroxaban 10 mg once daily post hospital discharge versus no treatment) and the Active4 trial (comparing apixaban 2.5 mg twice daily versus placebo). Data soon to be disclosed.
5. Intermediate dose of enoxaparin (1mg/Kg/day) did not reduce a composite of adjudicated venous or arterial thrombosis, treatment with extracorporeal membrane oxygenation, or mortality within 30 days and increased bleeding numerically.[11]
6. Rivaroxaban 20 mg as a prophylactic treatment failed to reduce mortality, need for oxygen and hospitalization and increased bleeding by 3.64 times (Action trial)[12] and therefore should be avoided as prophylactic agent in COVID-19
7. Treat COVID-19 related thrombosis with the agents you are used to. Do not increase dose/ regimens without proper clinical trial data are available
8. Many ongoing clinical trials are recruiting patients to test different anticoagulation regimens in COVID -19 anticoagulation management, and data from randomized controlled trials will be available soon.[13]
9. As for now, keep it simple, don't be too creative and follow the guidelines. Good science to help you out in your frontline fight is coming soon in accelerated mode.

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SPEAKER CORNER

Vaccination and Sclerotherapy in Peru

Dr Juan Chunga Prieto

President of the Peruvian Society of Phlebology and Lymphology

When the COVID-19 pandemic began, Peru was one of the countries in the region that ordered a rigorous lockdown. For approximately four months, we had to close our practice. During this time, we received constant calls and messages from our patients who noted that the sedentary lifestyle caused by the mandatory isolation aggravated the symptoms of their varicose disease.

This new normality forced us to apply new protocols in our care, including spacing out treatments due to the risk involved for patients to leave their homes. One of the main challenges when resuming sclerotherapy treatments for our patients was to consider the cases of thrombosis reported due to COVID -19. Therefore, we created more detailed medical history to evidence risk factors, implemented the application of scores, asked the patient if he/she had had COVID-19 and, if so, whether he/she was managed on an outpatient or inpatient basis.

Approximately in March of this year, vaccination began in Peru with the COMIRNATY and BBIBP-CorV vaccines. Among the adverse effects reported for these vaccines, we found chills, headache, tiredness, pain at the injection site, fever, muscle pain and, in some cases, serious adverse effects such as anaphylaxis. This made us wonder about the safety of performing sclerotherapy on our patients, whether we could trigger any adverse effects and what precautions we should take even knowing that sclerotherapy is the safest treatment in the phlebological arsenal. In response, we added to our medical history a section on the date of vaccination and the type of vaccine that our patients had received.

To date, we have seen more than 150 patients who have gone through sclerotherapy between days 3 and 14 after their first or second dose, who have not presented any adverse effects attributable to sclerotherapy. Exceptionally, a 60-year-old female patient who attended her third treatment session, 14 days after receiving the second dose of COMIRNATY vaccine in which she received 6cc of polidocanol 0.5% in foam, presented headache and dizziness when she sat up after 10 minutes of rest in the supine decubitus position post-treatment. This symptomatology subsided after 10 minutes of sitting up and did not recur in the following treatment sessions, which allows us to attribute this episode not to the procedure itself but to a sudden movement when getting up.

With respect to treatment results, we have found no differences between those performed before or after vaccination. We continue to observe the high efficacy of sclerotherapy in the management of Chronic Venous Insufficiency in our patients and the almost null presentation of adverse effects; for example, we have no reports of deep or superficial venous thrombosis and only a few cases of visual disturbances and dry cough.

These observations encourage us to say, first of all, that vaccination does not currently constitute an additional risk for patients who choose to receive sclerotherapy; on the contrary, the possibility of offering a treatment that we can perform in a short time, at reasonable costs and in safe environments presents a major benefit for both our patients and ourselves.

And, secondly, we should not forget that since 2020 we have the VELTAS study (The Venous and Lymphatic Triage and Acuity Scale) which leads us to perform a specific evaluation of each patient and, in this pandemic context, to be able to offer the best treatment at the right time.

Finally, the phenomenon described above offers us the opportunity to highlight the safety of sclerotherapy as long as it is performed by properly trained and qualified professionals, avoiding, for example, sudden movements and Valsalva maneuvers immediately after the injection. Likewise, in the event of any adverse effect, it is important to know how to calm the patient while performing the necessary care. Well-applied sclerotherapy is the safest technique in the phlebologist's arsenal. And let us not forget to always keep a good medical history, especially in the extraordinary circumstances we live in now, still facing a disease that continues to change and vaccines that continue to be studied.

Dr Juan Chunga Prieto

President of the Peruvian Society of Phlebology and Lymphology

ABSTRACTS

HIGHLIGHTED ABSTRACT

Intraoperative completion cone-beam computed tomography for the assessment of residual lesions after primary treatment of proximal venous outflow obstructions

Domenico Baccellieri, Luca Apruzzi, Vincenzo Ardita, Victor Bilman, Francesco De Cobelli, Germano Melissano, Roberto Chiesa

Objective

Report the usefulness of completion cone-beam computed tomography (CBCT) as an adjunct tool during femoro-ilio-caval recanalization post stent placement.

Methods

Data from patients who underwent complex endovenous recanalization for chronic proximal outflow obstruction from January 2018 to May 2020 were analyzed. Two groups of patients were obtained based on the execution or not of completion CBCT. Outcomes, radiation, and contrast doses in the two groups were compared.

Results

Fifteen patients (9 female, mean age 46.9 ± 13.3) in the control group and ten patients (7 female, 58.3 ± 14) in the CBCT group were included. In the CBCT group, one patient underwent an intraprocedural revision due to a residual lesion. The median total kerma area product (KAPtotal) and the total volume of contrast injected were not statistically different in the two groups.

Conclusions

Completion CBCT after endovenous procedures might identify residual stenosis or stent malposition without a significant increase of total contrast injected and KAPtotal.

Keywords

Chronic venous disease, iliofemoral deep vein thrombosis, post-thrombotic syndrome, venous stenting, DynaCT, angiography, digital subtraction

ABSTRACTS

Highlighted Articles

Thromboprophylaxis; what is the future, for high risk surgical patients?

Lauren Shelmerdine, Sandip Nandhra, Stavros K Kakkos, Joseph Caprini, Gerry Stansby

The recent publication of the GAPS trial has led to significant uncertainty and resultant debate about the role of mechanical methods in the prevention of venous thromboembolism (VTE).[1] By way of background, although the rates of hospital acquired VTE have been decreasing over the past few decades in higher income countries, the incidence remains high at about 1-2/1000 adults worldwide annually.[2,3] In 2013 in England and Wales, there were 2191 deaths recorded due to pulmonary embolism and 2816 due to DVT.[4] This combined with the estimation from 2017 that the annual cost of buying and applying one of the mechanical methods of VTE prophylaxis, anti-embolism or graduated compression stockings (GCS), was £63.1 million for England alone, means it remains a topical issue and there is potentially a strong argument to use fewer mechanical methods, especially in a cash strapped COVID ravaged NHS.[5]

A simple prognostic score for COVID-19 hospitalized patients developing deep vein thrombosis

Antonio Bozzani, Vittorio Arici, Guido Tavazzi, Stefano Boschini, Angelo Guglielmi, Giovanni Mazza, Francesco Mojoli, Raffaele Bruno, Franco Ragni, Antonio V Sterpetti

Objective
The aim of our study was to analyze the specificity, accuracy and sensitivity of a simple, easy to calculate, prognostic score for hospitalized COVID19 patients developing deep vein thrombosis.

Methods
From March 1st to April 28th, 942 COVID-19 patients with severe symptoms were admitted to the hospital San Matteo of Pavia-Italy. Thirty two patients (3.4%) developed deep vein thrombosis during hospitalization. In all patients hemostatic and inflammatory parameters were abnormal. A simple prognostic score was developed based on the presence of specific co morbidities and D-dimers levels (quick San Matthew Score-quick SMS):

Results
Nine patients died in a condition of multiple organ failure, 23 patients (71.9%) survived and left the hospital in good general conditions. The developed score was based simply on two parameters: 1) presence of four specific co morbidities and 2)systemic levels of D-Dimers. The quick San Matthew Score resulted in a sensitivity, specificity and overall accuracy of more than 90% (94%, 92%,93% respectively) and compared favorably with other scores. The score was prospectively validated in 100 COVID19 patients who developed deep vein thrombosis collected from the literature and prospectively confirmed in our hospital.

Conclusions
The findings of our study underline the importance of an immediate aggressive therapeutic approach for moderate and high-risk patients with COVID19 infection. The quick SMS score may help to identify patients at high risk for mortality and to follow the clinical outcome of the patient. A simple, easy to calculate prognostic score may also facilitate communication among health workers.

Registry to investigate the efficacy and safety of the VenaBlock© VeIn SEaling system for VaRicose veins in SingApore – Six months results of the RIVIERA trial

YL Linn, CJQ Yap, SXY Soon, SL Chan, VBX Khoo, TT Chong, TY Tang

Background
The Venablock© Venous Closure System (Invamed, Ankara, Turkey) is a novel cyanoacrylate-based non-thermal non-tumescent embolization device to block refluxing truncal veins for chronic venous insufficiency and varicose veins. The aim was to prospectively evaluate the safety and 6 months efficacy of Venablock© for the treatment of primary great saphenous vein (GSV) and small saphenous vein (SSV) incompetency in a multi-ethnic cohort from Singapore.
Methods
This was a single arm, single investigator prospective study of 29 patients (39 limbs, 39 truncal veins) recruited over a 5 -month period (August 2019 to February 2020), who were treated with the Venablock© device at a tertiary vascular unit in Singapore. Patients with symptomatic varicose veins (C2–6) and had truncal reflux > 0.5 second on venous Duplex ultrasound were included. Follow-up occurred at 2 weeks, 3 and 6 months with dedicated quality of life questionnaires and a targeted Duplex ultrasound performed to check for continued venous occlusion.
Result
Mean age was 61.4 (±11.0) years and mean BMI was 26.2 (±5.7) kg/m2. 11/29 (37.9%) were males. Most common CEAP class treated was 2 (12/29, 41.3%). Mean diameter of treated GSV was 5.7 (±2.0) mm, 4.8 (±1.7) mm and 4.2 (±1.3) mm for the proximal, mid and distal above knee segments respectively. Mean time from access puncture to sheath removal was 23.4 (±10.0) mins. Vein occlusion at 2 weeks, 3 and 6 months was 39/39 (100%), 39/39 (100%) and 36/37 (97.2%) respectively. 5/29 (17.2%) developed puncture site infections, of which 3/29 (7.7%) required formal surgical drainage. 3/29 (7.7%) developed phlebitis. At 6 months, revised Venous Clinical Severity Score improved from 5.2 (±3.5) to 2.1 (±2.9; $p < .001$); EuroQol-5 Dimension score, from 7.4 (±2.1) to 5.7 (±1.4; $p < .001$); Aberdeen Varicose Vein Questionnaire score, from 18.1 (±15.5) to 7.9 (±8.9; $p = .007$); and Chronic Venous Insufficiency Questionnaire, from 18.6 (±16.2) to 4.5 (±6.3; $p < .001$).
Conclusion
Venablock© is a safe and efficacious option of treating truncal venous insufficiency in a multi-ethnic Asian cohort from Singapore in the short term. There is a significant improvement in QoL. Longer follow-up is required to assess the durability of this technique, in particular the higher puncture site infection rates observed compared to other glue-based therapies.

ABSTRACTS

New publications in Phlebology

Signaling pathways associated with structural changes in varicose veins: a case–control study

Mohamad Hadi Saeed Modaghegh, Shirin Saberianpour, Sakineh Amoueian, Mohammad Mahdi Kamyar

Utility of compression immediately after venous closure: Does it matter?

Paul Lajos, Scott Safir, Jonathan Weber, Ronald Bangiyev, Peter Faries, Windsor Ting

Venous aneurysms: When should we intervene?

Lucinda Cruddas, Sarah Onida, Alun Huw Davies

Inter-observer reliability of a risk assessment model for venous thromboembolism in acutely-ill medical hospitalized patients: Results from a prospective cohort study

Cassia RL Ferreira, Marcos de Bastos, Mirella L Diniz, Renan A Mancini, Yan S Raposo, Samara MPG Alves, Suely M

The effectiveness of different treatment methods in isolated telangiectasia and reticular vein treatment: A single-center prospective randomized study

Ufuk Aydın, Mesut Engin, Tamer Türk, Yusuf Ata

A systematic review on long-term clinical impact in patients with iliofemoral deep vein thrombosis

Nektarios Charisis, Hussein Harb, Muhammed Harb, Nicos Labropoulos

Mechanical prophylaxis for venous thromboembolism prevention in obese individuals

Amulya Khatri, Alun H Davies, Joseph Shalhoub

Endothelial nitric oxide synthase polymorphism and venous thromboembolism: A meta-analysis of 9 studies involving 3993 subjects

Guangbin Huang, Xuejun Deng, Yanan Xu, Pan Wang, Tao Li, Ping Hu

XIX WORLD CONGRESS OF THE INTERNATIONAL UNION OF PHLEBOLOGY

12nd - 16th September, 2022

With regards the current health crisis and keeping in mind the safety of our participants, it is with great regret that we have decided to postpone the XIX UIP World Congress to September 12-16, 2022.

Since the outbreak of the COVID-19, UIP have been closely monitoring the development of the pandemic, and the significant disruption it has brought to the operations of our member institutions and wider restrictions on international travel, as well as the great damage to the well being of many people on all around the World.

We believe that postponing the XIX UIP World Congress to September 2022 will ensure a fruitful and safe congress experience for everyone. Please note that, the congress will still take place in the same venue in Istanbul, Turkey, and all personal or sponsored commitments made over PCO (registrations, sponsorships etc.) will be automatically maintained for the new date next year.

In the meantime, we would like to thank all of you who invested time and effort into this congress, and express our appreciation for your ongoing commitment for the future…

Your safety is our priority!

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EVENTS OM PHARMA WEBINAR ABOUT CVI

NEW HORIZONS IN CHRONIC VENOUS INSUFFICIENCY

TUESDAY SEPTEMBER 28TH, 2021 / 18.00-19.30 CEST

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UNION INTERNATIONALE DE PHLEBOLOGIE
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LIVE STREAMING

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NEW HORIZONS IN CHRONIC VENOUS INSUFFICIENCY

JOIN OUR LIVE SESSION

TUESDAY SEPTEMBER 28TH, 2021 / 18.00-19.30 CEST

Local Broadcast Times

19.00 (Istanbul) - **18.00** (Berlin) - **13.00** (Buenos Aires, Brasilia)
12.00 (Asuncion) - **11.00** (Panama City, Bogota, Mexico City)
Duration: 90 minutes (60 minutes lectures, 30 minutes discussion)

UNION INTERNATIONALE DE PHLEBOLOGIE
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LIVE STREAMING

SCIENTIFIC PROGRAM

Moderators: Prof. Victor Canata, MD (Paraguay, Vice President UIP),
Prof. A. Kürşat Bozkurt, MD (Turkey, Chairman, UIP 2022)

Welcome
Prof. Kurosh Parsi, MD (Australia, President of the UIP)

LECTURES

Current Interventions for CVI: Pros and Cons
Prof. Eberhard Rabe, MD (Germany)

Can Best Medical Treatment of CVI Address Diabetic Comorbidities?
Prof. Martin M. Vásquez Pinilla, MD (Panama)

What are the New Devices for CVI Treatment?
Prof. J. H. Ulloa, MD (Colombia)

Interesting Cases on Post-Thrombotic Syndrome and the Role of Calcium Dobesilate
Prof. Javier A. Serralde Gallegos, MD (Mexico)

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UPCOMING EVENTS

One of the main UIP visions is to promote productive relationships among societies. With this vision, we report both events with UIP auspices and events without, so to inform everyone about possible educational activities. The hope is also to offer a tool useful for the colleagues organizing future meetings, so to avoid overlapping among events.

SEPTEMBER 2021

XII International Congress of the Latin American Venous Forum

September 25-27, 2021
Buenos Aires, Argentina

SEPTEMBER 2021

OM Pharma Webinar: New Horizons in Chronic Venous Insufficiency

September 28, 2021
Virtual

SEPTEMBER 2021

28th World Congress of Lymphology

September 20-24, 2021

Athens, Greece

OCTOBER 2021

35th AVLS Annual Congress

October 7-10, 2021

Denver, CO and Virtual

JUNE 2022

Annual Meeting of the Benelux Society of Phlebology

June 10-11, 2022

Faculty Club Leuven, Belgium

JULY 2022

Flebopanam 2022 Pan American Congress of Phlebology and Lymphology

July 21-23, 2022
Guayaquil, Ecuador

SEPTEMBER 2022

UIP2022
XIXth WORLD CONGRESS OF THE UIP
September 12-16, 2022
Istanbul, Turkey

SEPTEMBER 2023

UIP 2023
XXth WORLD CONGRESS OF THE UIP
September 17-21, 2023
Miami Beach, USA

For more information about events visit:
http://www.uip-phlebology.org/events

If you would like your event to appear in the UIP Newsletter, contact us at **communications@uipmail.org**

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