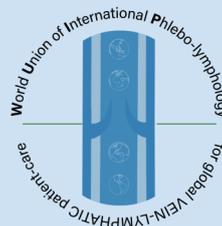


WUIP NEWSLETTER

FEBRUARY 2026



IN THIS EDITION

1. V-A.L.I.D (V.enous A.nd Lymphatic I.nternational D.ocument)
2. Vein-lymphatic fake-news evidence based counteraction
3. Speaker ´s corner: Fernando Martinez Irigoyen, MD
4. Speaker ´s corner; Dr. Lamisse Karam
5. Vein & Lymphatics: a family affair
6. Events under WUIP auspices
7. Calendar of events
8. International Angiology: Access
9. International Angiology Abstracts
10. WUIProject-Month 24
11. WUIP Society membership: benefits
12. WUIP Announcements

V-A.L.I.D

(V. enous A. nd L. ymphatic I. nternational D. ocument)

Multi-specialty recommendations for the appropriate and affordable lower limb vein-lymphatic disorders management



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Multi-specialty recommendations for the appropriate and affordable lower limb vein-lymphatic disorders management

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English version of the Italian Clinical Governance official document, institutionally lodged in the Istituto Superiore di Sanità (Superior Institute of Health). Italian version available at the following link: <https://www.iss.it/it/web/guest/-/gestione-patologia-venosa-e-linfatica>

This historic document represents the first clinical governance scientific effort, developed in conjunction with institutional entities, such as the Ministry of Health. Top experts, also in methodology, have been involved, including the highest representations of the same GRADE Group. Several independent revisions have been performed by governmental experts, before «validating» the «VALID» publication.

The content includes 15 major topics in vein-lymphatic care. It also presents the first meta-analysis on platelet-rich plasma for woundcare, in comparison with the related gel and standard of care .

Special attention has been dedicated to Gender Medicine, Telemedicine and Patients representation. The document has been requested for translation in many different languages. For whatever need, do not hesitate to write to president@uipmail.org.

Publication available here:

<https://pubmed.ncbi.nlm.nih.gov/41670291/>

VEIN-LYMPHATIC FAKE-NEWS EVIDENCE-BASED COUNTERACTION

Up to 40% of the medical websites include potential fake news, shared even 450.000 times in a 5 years time frame, as reported by indexed scientific literature (Waszak, Przemysław M. et al. “The spread of medical fake news in social media – The pilot quantitative study.” *Health Policy and Technology* (2018)). A dedicated global action was published, together with a portal allowing both healthcare professionals and patients to report eventually encountered misinformation (Gianesini S, Chi YW, Agüero C, Alqedrah D, Amore M, et al. *Fake-news-free evidence-based communication for proper vein-lymphatic disease management. Int Angiol.* 2023 Apr;42(2):89-189)

(<https://wwinfoundation.com/fake-news-free-project/>).

PUBLIC fake-news-free REPORT



In case you encountered potential misinformation in the venous - lymphatic field, we hope you will join our teamwork by filling the form below. Please note the report can also be anonymous if you wish and in **WHATEVER LANGUAGE.**

Name

Email

Message *

Please accept our Privacy Policy *

[Privacy Policy](#)

HEALTH CARE PROFESSIONALS fake-news-free REPORT



You can report pubmed links of articles you consider important to be taken into consideration in the drafting of the scientific document on evidence-based vein-lymphatic management

Name and Surname *

Email

Scientific Topic

Paste the pubmed links here: *

Free comment on the topic:



SPEAKER'S CORNER

VEIN-LYMPHATIC FAKE-NEWS EVIDENCE-BASED COUNTERACTION

Australian & New Zealand Society for Vascular Surgery (ANZSVS) wishes to alert members to a coordinated and increasingly sophisticated online scheme promoting unproven products claiming to treat varicose veins and other medical conditions.

What is happening

Over recent months, a series of products claiming to treat varicose veins has been aggressively promoted on social media platforms, particularly Facebook posts and reels, with supplementary “review” content appearing on YouTube.

These products include:

spray-on products and creams/lotions

so-called “microneedle” patches, often marketed as delivering herbal ingredients such as horse chestnut extract

in some cases, advertisements explicitly claim the patches contain polidocanol

A number of related brands exist, but the most prominent currently circulating is marketed under the name “GFOUK”. The same brand also promotes products claiming to:

remove skin tags and other skin lesions

assist with weight loss or metabolism

“cure” arthritis, joint deformity, or chronic pain

produce cosmetic or anti-ageing effects

How these products are promoted

The promotion strategy shows consistent features across platforms:

False or misleading therapeutic claims, often framed as “clinically proven” or “doctor recommended” without evidence

Unsubstantiated testimonials, frequently presented as patient or clinician experiences

False claims of regulatory approval or endorsement, including references to professional societies and TGA or FDA approval

AI-generated or heavily edited videos, including fabricated “before and after” results and exaggerated cosmetic improvements

In some cases, edited imagery resembling Australian hospitals, clinics, or staff, lending a false sense of legitimacy

VEIN-LYMPHATIC FAKE-NEWS EVIDENCE-BASED COUNTERACTION

Fake doctor accounts and identity misuse

Many of these posts originate from fake social media accounts claiming to be doctors, both in Australia and internationally. These accounts typically:

use AI-generated profile photos, or

steal images of real health professionals, sometimes using real names and sometimes fabricated ones

These accounts are created in batches, cross-like and support each other to simulate professional credibility, and are abandoned once flagged or no longer useful. This behaviour is consistent with coordinated inauthentic activity.

ANZSVS is aware of at least one case where the image of a prominent Australian clinician was used on a fraudulent Facebook profile promoting these products, alongside claims implying ANZSVS and TGA endorsement. ANZSVS does not endorse these products.

Wider distribution and regulatory concerns

Of particular concern, GFOUK-branded products are now appearing on mainstream marketplaces, including Amazon Australia and eBay Australia, extending their reach beyond social media advertising.

Our review of linked websites and historical material suggests the marketing structure is deliberately opaque and designed to frustrate regulatory action. Multiple interconnected websites and brands appear linked to source entities referenced in Hong Kong and Singapore, with frequent changes to domain names and storefronts.

What ANZSVS is doing

ANZSVS is preparing coordinated reports and submissions to:

relevant regulators (including therapeutic goods and consumer protection agencies), and major social media and ecommerce platforms

These reports will focus on public safety, misleading health claims, and impersonation of medical professionals.

SPEAKER'S CORNER

VEIN-LYMPHATIC FAKE-NEWS EVIDENCE-BASED COUNTERACTION

How members can assist

Members are encouraged to assist by collecting and reporting evidence when they encounter these promotions:

Preserve evidence

Save URLs to posts, reels, profiles, and linked product websites

Take screenshots showing claims of medical benefit, endorsements, or regulatory approval

Capture profile "About" sections where accounts claim to be doctors

Make reports

Scamwatch.gov.au – online shopping scams / impersonation

TGA (Australia) or Medsafe (NZ) – misleading therapeutic goods advertising

AHPRA (Australia) or MCNZ (New Zealand) – where an account misrepresents itself as a registered medical practitioner

Report directly within Facebook, Instagram, YouTube, Amazon, or eBay as impersonation, scam, or false health information

Members may also forward links or screenshots to the ANZSVS office so these can be consolidated into a single evidence pack.

Jason Chuen, FRACS

Executive Member, Communications



Mark Jackson, FRACS President, ANZSVS



SPEAKER 'S CORNER

Fernando Javier Martinez Irigoyen, MD

Dr. Fernando Javier Martínez Irigoyen, also known as Comandatore Irigoyen, is a General Surgeon with extensive experience in advanced video laparoscopy. Throughout his professional career, he has developed strong expertise in Phlebology and Lymphology, as well as in the comprehensive management of diabetic foot and complex ulcers.

He earned his Doctorate in Medicine from the Evangelical University of El Salvador and completed his training as a General Surgeon at Zacamil National Hospital, where he also undertook his basic laparoscopy training. He subsequently advanced his surgical skills through specialized training in advanced laparoscopy at Gimnasio Quirúrgico de México.

In addition to his clinical and surgical background, Dr. Martínez Irigoyen holds a Diploma in Senior Management in Health Services from Dr. José Matías Delgado University, enabling him to combine medical excellence with strategic healthcare management. He also completed training in Phlebology at Circulation, Vascular Laboratory, El Salvador, further strengthening his expertise in venous and lymphatic disorders.



Fernando Javier Martinez Irigoyen, MD
General Surgeon, El Salvador

SPEAKER'S CORNER

Difficult-to-manage venous ulcers: comprehensive vascular evaluation and therapeutic approach

by Fernando Javier Martinez Irigoyen, MD

Every venous ulcer represents a challenge for the phlebologist; however, certain cases become particularly difficult to manage, especially in patients with diabetes mellitus, renal failure, morbid obesity, or other significant comorbidities. Most of these patients do not seek care as a first-line option; instead, they usually arrive after having been treated in multiple settings without satisfactory results. Consequently, they often present with distrust, fear, and significant pain, seeking an effective treatment that will allow healing of their ulcers.

In this context, one of the most important aspects of patient management is dedicating sufficient time to obtain a thorough medical history, establish effective communication, and build patient trust. It is essential to clearly explain that these are long-term treatments and that there is no “magic” antibiotic or topical cream capable of achieving healing on its own.

Likewise, it is crucial to perform the necessary diagnostic studies in order to establish an accurate diagnosis, using diagnostic tools appropriately. Currently, most practitioners in phlebology perform their own Doppler studies, which facilitates the acquisition of additional skills to properly evaluate this type of patient. For instance, diabetic patients frequently present with a mixed component (venous and arterial disease), the identification of which is of paramount importance.

One of the mainstays of treatment for chronic, difficult-to-heal ulcers is the use of inelastic multicomponent compression bandaging, which can generate pressures exceeding 40 mmHg. However, in patients with mixed pathology and significantly compromised arterial flow, these bandages are contraindicated, as they may further impair arterial perfusion and negatively affect clinical outcomes if adequate evaluation has not been performed.

Similarly, the use of compression stockings is not absolutely contraindicated in diabetic patients with mixed disease. Class II compression stockings may be used provided that the ankle–brachial index (ABI) is greater than 0.5 or that the Doppler PAT is below grade III.

For this reason, current practice has incorporated Doppler assessment through the measurement of arterial acceleration times in key foot arteries, a technique that has demonstrated reliable arterial vascular evaluation in diabetic patients, despite the presence of microcalcifications. The learning curve for this technique typically requires approximately 25 Doppler PAT examinations; once this learning curve is overcome, the evaluation can be performed in approximately 10 minutes per foot.

When an adequate evaluation is performed, an accurate diagnosis can be established, allowing for the development of an effective treatment plan for patients with difficult-to-manage ulcers and achieving favorable long-term outcomes.

SPEAKER 'S CORNER

Dr. Lamisse Karam

Dr. Lamisse Karam is a vascular surgeon based in Beirut, Lebanon, with dedicated expertise in venous and lymphatic disorders, vascular access surgery, and phlebology. She serves as Program Director of Vascular and Thoracic Surgery at Saint Joseph University School of Medicine and is Co-founder of the Veno-Lymphatic Center at Cortbaoui Hospital, within the USJ Hôtel-Dieu de France Network.

Dr. Karam obtained her medical degree from Saint Joseph University in 2006, followed by specialization in Thoracic and Vascular Surgery. She pursued advanced training in vascular surgery and vascular medicine in Paris, strengthening her clinical and academic foundations within a European framework. She holds a Master's degree (Master 2) in Biological and Medical Sciences and an MBA in Entrepreneurship and Innovation. Her additional qualifications include diplomas in vascular ultrasonography, phlebology, microsurgery, hemodialysis access surgery, surgical leadership, and health sciences education.

Her academic work focuses on vascular e-learning, chronic venous disease, vascular access, and rare vascular conditions. She has authored multiple peer-reviewed publications and has presented her work at international scientific meetings. Through her combined commitment to clinical excellence, education, and innovation, Dr. Karam contributes actively to the advancement of venous and lymphatic care at both regional and international levels.



Dr. Lamisse Karam

SPEAKER 'S CORNER

Bridging gaps in Venous and Lymphatic Care in Lebanon

by Lamisse Karam, MD-MBA-MSc.

Lebanon's healthcare system has demonstrated notable resilience in delivering specialized medical services amidst economic instability. As observed worldwide, chronic venous disorders and lymphedema are prevalent in Lebanon and represent substantial burden on both patients and the healthcare system. However, significant gaps persist in the management of venous disease and lymphedema, driven by barriers to access and the limited availability of structured rehabilitation programs. These conditions remain as well under-addressed in public-health planning, with lymphedema still not formally recognized as a distinct disease entity.

This paper reviews the current landscape of phlebology and lymphedema care in Lebanon, identifies key unmet needs and proposes a strategic roadmap to strengthen clinical practice, education, research, and policy engagement.

Although endovenous ablation is routinely proposed to the patients, vein stripping remains extensively performed, largely because of its lower procedural cost and its status as the only invention consistently covered by public insurance schemes. Sclerotherapy is commonly offered, yet techniques such as foam sclerotherapy and ultrasound-guided-sclerotherapy remain confined to a limited number of trained practitioners.

Historically, vascular surgeons have led the management of venous disease. Recently, however, there has been a marked increase in vascular laser procedures performed by dermatologists and cosmetic physicians, often without formal training in phlebology.

The largely privatized structure of the Lebanese healthcare system further compounds inequities. With out-of-pocket expenditures representing a substantial proportion of healthcare spending, patients requiring chronic management – particularly those with lymphedema - face significant financial barriers. Preventive strategies, patient education, and community-based support services remain underdeveloped despite evidence showing that early interventions can significantly reduce disease progression.

Lebanon lacks standardized care pathways that seamlessly integrate primary care providers, phlebologists, surgical teams, oncologic departments, rehabilitation services, and long term follow up services. This fragmentation contributes to inconsistent care quality of care and variable clinical outcomes.

There is also a critical need for structured, continuous education in phlebology and lymphatic medicine for physicians, oncologic surgeons, medical oncologists and rehabilitation specialists. Training in advanced procedures such as lymphatic microsurgery is limited domestically. Vascular ultrasonography remains to be integrated into vascular surgery curricula. National scientific societies must play a more active role in standardizing ultrasound reporting requirements and issuing locally adapted therapeutic guidelines.



SPEAKER 'S CORNER

Bridging gaps in Venous and Lymphatic Care in Lebanon

Moreover, the absence of formal certification pathways for physicians providing venous and lymphatic care creates variability in practice standards. As lymphedema remains officially underrecognized, stakeholders must collaborate to develop a national roadmap and long-term strategic plan. Equally critical is the establishment of outcome-tracking systems and national registries to accurately quantify disease burden, evaluate therapeutic effectiveness, and inform resource allocation.

Enhancing public awareness represents another priority and national awareness campaigns could significantly mitigate disease progression.

From those unmet needs, our vision was born to establish an integrated, evidence-based, and patient-centered venous and lymphatic care model in Lebanon through coordinated clinical pathways, workforce development, robust data infrastructure, and sustained public awareness. What we have achieved thus far represents only an initial step toward a much broader and necessary transformation.

Lamisse Karam, MD-MBA-MSc.



Veins & Lymphatics: a family affair



Kathleen Helen Lisson is a lymphedema therapist and board certified in therapeutic massage and bodywork. She is a co-author of the Standard of Care for Lipedema in the United States consensus guideline.

New Insight on Vein-Lymphatic Disorders Management

I was pleased to read ‘Multi-specialty recommendations for the appropriate and affordable lower limb vein-lymphatic disorders management,’ which is the English language translation of the Italian Clinical Governance official document, institutionally lodged in the Istituto Superiore di Sanità (Superior Institute of Health). This document focuses on best practices and recommendations for vein-lymphatic disorders based on scientific evidence.

The entire paper is a good resource for the lymphatic expert who wants to be more informed about appropriate venous treatment for our lower limb lymphedema patients. In this column, I will focus on my reaction to two parts of the document which may be of interest to lymphatic experts.

Good Clinical Practice Statement 8 states that graduated compression for the lower limb should be prescribed by an experienced healthcare professional. I heartily agree! We have seen the negative effects when patients are not fitted properly for compression or not instructed how to don, doff and care for their compression garment. Patients who are not educated on the importance of proper compression may end up spending large amounts of money buying ineffective garments online or avoiding garments altogether. Lymphatic experts need to work together with our colleagues in venous medicine to reinforce the value of correct compression to our patients.

Good Clinical Practice Statement 9 deals with the treatment of lymphedema. It states that conservative treatment (compression, skin care, exercise and manual lymphatic drainage) should be carried out for at least three months before surgery is considered and that conservative treatment should not end after surgery. This guidance will also prepare the patient for surgery. The lymphedematous limb should be as decongested as possible before surgery and the patient should have experience with wearing garments and following a self-management routine before their surgery. Patients should be clearly informed that lymphedema surgery is not a cure for their disease and that conservative treatment should be continued after surgery. The patient may have to travel far from their home for lymphedema surgery at a specialized center. Having a Lymphedema Therapist near their home providing conservative care will help them in the recovery period after surgery.

I am confident that this document will serve as an excellent educational tool for both patients and clinicians. Many thanks to the authors and the World Union of International Phlebology, Venous-Lymphatic World International Network Foundation and the Lymphatic Education & Research Network for all their hard work raising awareness of appropriate care for lymphatic diseases.

Kathleen Helen Lisson, CLT

EVENTS UNDER WUIP AUSPICES

Flebopanam: bridging Latin America and the world

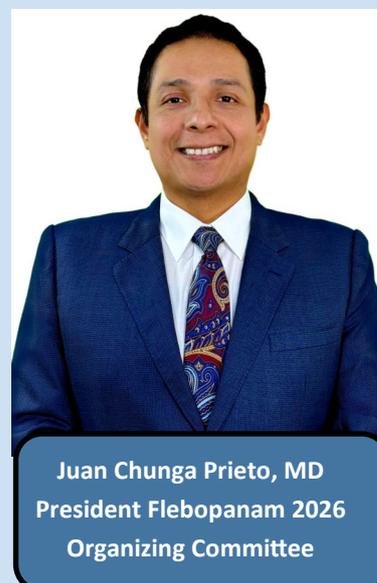
FLEBOPANAM 2026, the **21st Congress of the Pan American Society of Phlebology and Lymphology**, is presented as the main scientific forum in the Americas for phlebology and lymphology. More than just a congress, it is a platform where the region's clinical experience is organized, discussed, and projected in dialogue with the international scientific community, under the framework of the **WUIP -World Union of International Phlebology and Lymphology-**.

Venous and lymphatic pathology in the Americas develops in diverse contexts, with high patient volumes and complex clinical realities. This daily experience makes the continent a true living clinical laboratory, where decisions are not made from isolated theory, but from daily practice. **FLEBOPANAM** channels this knowledge and transforms it into structured and shareable scientific discussion.

The congress is conceived as an active space. **Workshops, analysis of real cases, and open debate** take center stage, promoting critical thinking and horizontal exchange among colleagues. The goal is not only to present results, but also to compare approaches, discuss clinical decisions, and build criteria applicable to different healthcare settings.

From this clinical and educational foundation, **FLEBOPANAM** naturally projects itself as an international meeting place. The American experience—marked by diversity, volume, and decision-making in real-world scenarios—engages in direct dialogue with other regions, especially Europe, in a horizontal scientific exchange. It is not a matter of replicating models, but rather of contrasting them, enriching them, and building knowledge that can be applied beyond borders.

FLEBOPANAM was born from a simple but powerful conviction: that phlebology advances when it is shared, discussed, and built within a community. Those who believe in this spirit will know where to find each other.



EVENTS UNDER WUIP AUSPICES



13th Egyptian Venous Forum International Congress



13TH INTERNATIONAL CONGRESS EGYPTIAN VENOUS FORUM **PHLEBOEGYPT** *"Bridging Gaps in Phlebology"*

APRIL
23-24
2026


**Helnan
Antoniades
Palace Hotel**

Save The Date!



EVENTS UNDER WUIP AUSPICES

13th Egyptian V23–24 April 2026 |
Egypt Venous Forum International Congress

The congress represents a major regional and international scientific event dedicated to advances in **venous and lymphatic diseases**. Building on more than a decade of continuous academic activity, the congress serves as a dynamic platform for **education, innovation, and collaboration** among vascular specialists from Egypt, Africa, the Middle East, and beyond.

Held in the historic city of **Alexandria**, the 2026 congress will take place at the prestigious **Antoniadis Palace Hotel**, offering a unique blend of scientific excellence and cultural heritage.

Achieving the congress theme **“Bridging gaps in phlebology”** through the scientific program will cover a comprehensive spectrum of venous and lymphatic disorders, including but not limited to:

- Chronic venous disease and varicose veins
- Endovenous thermal and non-thermal ablation techniques
- Pelvic venous disorders and venous reflux syndromes
- Deep vein thrombosis and post-thrombotic syndrome
- Venous ulcers and advanced wound care
- Sclerotherapy, CLaCS, and aesthetic phlebology

Artificial intelligence and innovation in venous practice

Sessions will include **state-of-the-art lectures, expert panels, case discussions, and practical insights** delivered by leading international and regional faculty, all within an inspiring historical setting that encourages scientific excellence, professional collaboration, and meaningful networking.



Professor Ayman Fakhry
WUIP Vicepresident
President 13th. EVF International Congress

EVENTS UNDER WUIP AUSPICES

The Canadian Vision in Phlebology: Honouring our Past and Excited for the Future

The **Canadian Society of Phlebology** is looking forward to welcoming everyone to our landmark **50th Anniversary Conference**. This year's program celebrates the evolution of venous care, diving deep into the latest advances in disease management while emphasizing new technologies and future innovations. It stands as a reflection of five decades of academic excellence and clinical progress.

The program begins with an intensive day designed to enhance your skills and interpretation of the complex venous anatomy. This masterclass will focus on decoding pelvic vein imaging and reflux pathways—offering practical insights that clinicians can immediately apply. The focus will then shift to real-world clinical applications through sessions curated to refine your expertise—from advanced sclerotherapy techniques to the most sophisticated treatment modalities available today.

A highlight of the meeting is, without doubt, the outstanding lineup of speakers. The CSP conference consistently attracts leading Canadian and international experts—pioneers in their respective fields who are also inspiring educators. The intimate and warm atmosphere of our gathering fosters unparalleled intellectual exchan-

ge. During coffee breaks and informal sessions, you will have the opportunity to engage directly with thought leaders and industry innovators. Our exhibit hall, more akin to a creative sandbox than a commercial space, sets the stage for meaningful conversations and mind-growing collaborations.

Finally, the distinctive atmosphere of the CSP meetings remains unequivocal. Set in the vibrant city of **Montréal**, this event offers a collegial, welcoming environment where networking feels natural and rewarding. Whether you are a seasoned phlebologist or entering the field, you will find an inspiring space where curiosity thrives and collaboration blossoms.

In short, the 2026 CSP Meeting is not just about keeping pace with progress—it's about feeling inspired, connected, and genuinely excited for the future of venous care. This year, we are especially proud to honor the extraordinary contributions of **Dr. Pauline Raymond-Martimbeau**, a truly inspiring figure in the world of phlebology.



Canadian Society of **Phlebology**

EVENTS

One of the main WUIP visions is to **promote productive relationships among societies**. With this vision, we report both **events with WUIP 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.

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

EVENTS CALENDAR

MARCH 2026

PHLEBOPANAM 2026

19 - 21 MARCH 2026

LIMA, PERU

MARCH 2026

19TH ANNUAL CONFERENCE OF VENOUS ASSOCIATION OF INDIA

25 - 27 MARCH 2026

GOA, INDIA

APRIL 2026

13TH EGYPTIAN VENOUS FORUM INTERNATIONAL CONGRESS

23 - 24 APRIL 2026

ALEXANDRIA, EGYPT

APRIL 2026

26TH ANNUAL SCIENTIFIC MEETING OF THE AUSTRALASIAN COLLEGE OF PHLEBOLOGY

24 - 27 APRIL 2026

MELBOURNE, AUSTRALIA

MAY 2026

50TH ANNUAL CONGRESS OF THE CANADIAN SOCIETY OF PHLEBOLOGY

15 - 17 MAY 2026

MONTREAL, CANADA

NOVEMBER 2026

19TH SAINT-PETERSBURG VENOUS FORUM

25 - 27 NOVEMBER, 2026

SAINT-PETERSBURG, RUSSIA

DECEMBER 2026

LE.G.ATHERING WORLD CONGRESS

17-19 DECEMBER, 2026

NAIROBI, KENYA



WUIP

WORLD UNION OF
INTERNATIONAL
PHLEBOLYMPHOLOGY

www.uip-phlebology.org



INTERNATIONAL ANGIOLOGY: ACCESS

International Angiology, the *Official Journal of the World Union of International Phlebology*, provides discount online journal access to members of WUIP Member Societies.

- Tier 1* societies - €45.00 per member, including taxes for online access
- Tier 2 and 3 societies* - Free access
- Residents (Tier 1, 2 and 3) - Free access



Requests for access come directly from the Member Society for its members. If the member society does not wish to provide access, requests can come from individuals, providing they can provide proof of their membership status.

Accessing the Journal - WUIP Member Societies

1. Download: The membership template spreadsheet from the WUIP website:

<https://www.uip-phlebology.org/uip-official-journal>

DOWNLOAD

2. Email your completed spreadsheet to International Angiology
journals.dept@minervamedica.it

Ensure you include the detail of the Member society requesting access.

EMAIL

3. Payment: The society receives an invoice for Journal Access from International Angiology

PAYMENT

4. Once paid, each individual member receives journal access instructions from *International Angiology*

ACCESS!

* WUIP Tiers are defined by the UIP Constitution (Schedule 4), <https://www.uip-phlebology.org/>



Histopathological evaluation of lower limb reticular veins treated with Nd:YAG 1064 nm laser: a prospective cohort pilot study

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[10.23736/S0392-9590.26.05497-0](https://doi.org/10.23736/S0392-9590.26.05497-0)

ABSTRACT

BACKGROUND: The 1064 nm Nd:YAG transdermal laser is commonly used in the ambulatory treatment of lower limb reticular veins and telangiectasias. However, optimal laser parameters, particularly fluence and pulse duration, remain a subject of debate. In this prospective cohort pilot study, we evaluated the histopathological effects of different Nd:YAG 1064 nm laser settings on reticular veins to identify the parameter combinations most associated with vein wall damage.

METHODS: Patients scheduled for ambulatory phlebectomy received transdermal laser therapy 24 hours prior to surgery, using different combinations of fluence and pulse duration. A total of 15 vein segments were collected during phlebectomy, 12 treated with the laser and 3 untreated controls. All samples were stained with hematoxylin and eosin and independently analyzed by two blinded pathologists for neutrophilic infiltration, luminal thrombosis, and wall fibrosis.

RESULTS: Laser parameters of 70 J/cm² with pulse durations of 15 ms and 30 ms were significantly associated with the presence of inflammatory infiltrates ($P < 0.05$). No statistically significant differences were found when comparing fixed fluence with variable pulse durations or fixed pulse duration with variable fluences ($P > 0.05$).

CONCLUSIONS: Nd:YAG 1064 nm transdermal laser induces histopathological inflammation in reticular veins, particularly when using fluence of 70 J/cm² combined with pulse durations of 15-30 ms.

KEY WORDS: Laser therapy; Lasers, solid-state; Varicose veins; Venous insufficiency; Telangiectasis

Effect of smoking cessation on abdominal aortic aneurysm growth: a systematic review and network meta-analysis

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ABSTRACT

INTRODUCTION: To compare the effect of smoking cessation in abdominal aortic aneurysm growth compared to active smokers and non-smokers.

EVIDENCE ACQUISITION: A systematic review and Network Meta-Analysis was performed following the PRISMA guidelines using a registered protocol (CRD42021295315). We searched MEDLINE, CENTRAL, PsycInfo, Web of Science Core Collection and OpenGrey databases from inception to January 2022 for comparative studies reporting on abdominal aortic aneurysm growth according to smoking habits. AAA was defined as an infra-renal aortic diameter >3 cm. The main outcome was to estimate the mean difference of abdominal aortic aneurysms growth between smokers, former smokers, and nonsmokers. The estimates were pooled through a random-effects model network meta-analysis and heterogeneity assessed through the I² statistic.

EVIDENCE SYNTHESIS: After 567 abstracts reviewed and 17 full text studies, six studies were included in the review and meta-analysis. Studies reported data from 1987-2017, encompassing a population of 2960 people with diagnosis of AAA, which 972 were active smokers, 1254 were former smokers and 679 were nonsmokers. Based on the network estimates, we did not find a statistically significant difference between AAA growth rate differences between former smokers and non-smokers (MD 0.05, 95% CI: -0.36 to 0.47). However, we found statistically significant differences between former smokers and active smokers (MD -0.45, 95% CI: -0.83 to -0.06) and active smokers versus non-smokers (MD 0.50, 95% CI: 0.16 to 0.85).

CONCLUSIONS: Smoking cessation seems to reduce the growth rate of AAA to rates similar to non-smokers, being a potential therapeutic target. These findings should lead to a higher awareness of the importance of smoking eviction in AAA patients and to future studies on this matter.

KEY WORDS: Abdominal aortic aneurysm; Smoking; Heart disease risk factors

Safety and effectiveness of carotid endarterectomy for symptomatic high-risk mild extracranial carotid stenosis: preliminary results from an Italian multicentric study

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ABSTRACT

BACKGROUND: The impact of carotid endarterectomy (CEA) on symptomatic patients with mild high-risk carotid stenosis has not been really investigated and it is not well-defined. This multicenter retrospective study aims to assess the safety and effectiveness of CEA in patients with 50% or less stenosis with symptoms despite best medical therapy.

METHODS: Between January 2018 and December 2024, all consecutive patients presenting with carotid-related neurological symptoms and a $\leq 50\%$ high risk carotid stenosis submitted to CEA in eight high-volume vascular centers were included in the present study. All patients underwent duplex ultrasonography and computed tomography angiography to identify plaque morphological features. All patients were checked for alternative possible source of brain embolism.

RESULTS: Twenty-nine patients with high-risk embolic plaques determining $\leq 50\%$ stenosis and carotid-related neurological symptoms underwent CEA. The majority of plaques were Gray-Weale 1 or 2 (79.3%) and with ulcerated cap (79.3%). Symptoms reported at onset and during hospitalization up to CEA were 8 (27.5%) TIA, 8 (27.5%) crescendo TIA, 10 (34.4%) minor strokes, 3 (34.4%) strokes in evolution. Ischemic brain lesions of less of 25 mm were detected in 12 patients (41.3%). No perioperative stroke, death, myocardial infarction or cerebral hemorrhage occurred in this series. Only one TIA was detected due to a surgical defect that was promptly corrected. No patient experienced recurrent neurologic events related to the revascularized hemisphere during follow-up (mean 35.6 months).

CONCLUSIONS: Despite the limited number of patients included in the study, CEA has been shown to be safe and effective in preventing recurrent neurological ischemic events in highly selected patients with mild carotid high-embolic-risk plaque stenosis treated at high-volume institutions. Further studies are required to identify the most appropriate diagnostic tools and the precise carotid plaque features associated with high-embolic risk.

KEY WORDS: Endarterectomy, carotid; Carotid stenosis; Signs and symptoms

Radiology or histopathology: the misdiagnosis of benign and malignant tumors as vascular anomalies

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ABSTRACT

BACKGROUND: Benign and malignant soft tissue tumors with a prominent vascular architecture may be misdiagnosed as vascular anomalies on imaging. The aim of this paper is to highlight the limitations of diagnostic imaging and emphasize the importance of histological analysis in obtaining the correct diagnosis.

METHODS: We report three cases of non-vascular tumors initially misdiagnosed as vascular malformations despite investigations using a range of imaging modalities including Duplex ultrasound (DUS), computed tomography, magnetic resonance imaging and angiography.

RESULTS: In all three cases, DUS performed in-house demonstrated features suggestive of soft tissue tumors rather than vascular malformations highlighting the operator-dependent nature of DUS. All other imaging modalities including computed-tomography and MR angiography failed to diagnose the lesions correctly. Following biopsy, two patients were diagnosed with malignant tumors, a follicular B-cell lymphoma and an extremely rare plasmacytoid/rhabdoid sarcoma of unknown histogenesis. The third patient had a benign eccrine angiomatous hamartoma (EAH). The patient with the B-cell lymphoma had a history of trauma to the site, causing a delay in diagnosis. There are only a few reports of similar cases documented in the literature.

CONCLUSIONS: Diagnostic imaging modalities play an important role in the diagnosis and management of lesions thought to be vascular but as shown in cases presented here, reliance on imaging may result in misdiagnosis. Histological diagnosis of soft tissue lesions should be deemed mandatory where the diagnosis is in doubt.

KEY WORDS: Lymphoma, B-cell; Sarcoma; Vascular malformations; Diagnostic errors; Wounds and injuries

WUIPROJECT - MONTH 24

in honor of March
every



1959
of the month

an **OPEN TO EVERYONE** zoom @
10 am NYC time - **4 pm** Rome time – **10 pm** Bangkok time
to hear **YOUR vision, YOUR ideas, YOUR needs**
and to remember that

WUIP starts with double «U»



for YOUR topic reservation please write to president@uipmail.org

<https://us02web.zoom.us/j/88913605824?pwd=QklhcDVPd01nQ3YvbTk5WUIIMMFNaQT09>

Meeting ID: 889 1360 5824

Passcode: 916415

YOU



YOU

On behalf of all the World Union of International Phlebology (WUIP) 'd like to bring to all the healthcare professionals and the public attention the UIP March 24 initiative.

WUIP was founded on March 24, 1959 and in the following 64 years it has been surely succeeding in bringing the vein & lymphatic world together, counting now on 81 Scientific Societies from all continents.

In order to honor WUIP March 24, 1959 birthday, every 24 of the month at 4 pm Rome time, myself and eventually available Executive Committee members will have an open to everyone zoom call where all the vein-lymphatic world and the public are invited to join to present their vision, ideas and eventual needs.

This glimpse of the current Phlebo-Lymphology around the world will provide the opportunity to analyze how the UIP can serve at best its member societies, while advocating for both colleagues and patients independently by their belonging or not to the WUIP.

It's the WUIP hope that you will like to take part in this initiative, so to develop together "present actions" while looking together at the brightest future.

Pre-submitted topics for discussion will have precedence in the hour dedicated to this initiative: in case, feel free to send yours at president@uipmail.org.

WUIPROJECT - MONTH 24

The zoom call will be recorded so to allow everyone to enjoy the content on demand in case.

WUIP looks forward to listening to you at this zoom link:

<https://us02web.zoom.us/j/88913605824?pwd=QklhcDVPd01nQ3YvbTk5WUIMMFNaQT09>

Meeting ID: 889 1360 5824 Passcode: 916415

Whatever need, do not hesitate to reach out to me (gnssrg@unife.it ; t. +393498012304)

Sergio Giancesini, MD PhD FACS
WUIP 2023-2027 President



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sion Forums



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WUIP ANNOUNCEMENTS

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

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