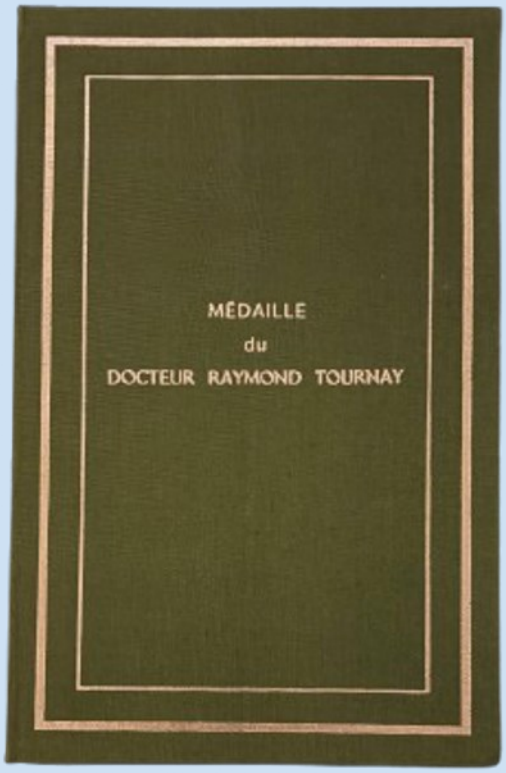
WUIP NEWSLETTER

ISSUE 4, 2026



prof. Eberhard Rabe
UIP Emeritus President

IN THIS EDITION

The **Tournay Honorary Medal** represents the highest recognition from the **World Union of International Phlebolymphology.** It is awarded following the nomination of 4 different Societies from 4 different continents, following the approval of the Executive Committee and of the General Council. It is awarded in memory of Raymond Tournay first Phlebology term mention.

Following the recent passing of the **emeritus president Eberhard Rabe,** the Executive Committee decided to add the memory of the humane and professional qualities of the past Emeritus Presidents to the award. From now on, the Societies nominating the possible recipient will have to add the indication of which Emeritus President the candidate shares the best values. Such values are in number of three, they are officially reported in the WUIP records and assigned by the Executive Committee who worked with that Emeritus President. For the Emeritus President Rabe the three values are:

- **DIPLOMACY**
- **RIGOUR**
- **ACADEMY**

WUIP president memory of prof. Rabe

- UIP Emeritus Presidents profs Rabe & Partsch.
- WUIP president Gianesini

I deliberately waited a few days before writing down my memories of UIP Emeritus President Prof. Eberhard Rabe.
Too often, indeed, we witness a couple of days burst of messages, announcements, and posts, filled with well-deserved, yet transitory, tributes to those who have passed away.
But, as with everything truly worthy of celebration, it should not be about a few seconds of fireworks, nor about celebrating ourselves through someone else's legacy. Rather, it is about what remains.
UIP Emeritus President Prof. Rabe will surely remain an example of academic rigour, scientific diplomacy, and dedicated engagement in the world of Phlebology. He was an outstanding ambassador of the values so strongly embodied by Prof. Hugo Partsch, values treasured by the UIP and by all those fortunate enough to have shared time with these two extraordinary figures, both within and beyond our professional world.
Having had the privilege of spending significant time with both of these pillars of the UIP, I chose to share a picture from a pleasant social afternoon together, following a proactive congress session.
For me, this image reflects how I like to imagine both Prof. Rabe and Prof. Partsch: happy and fulfilled, knowing how profoundly they enriched our Phlebology world with their professionalism, wisdom, and genuine kindness.
It is now our duty to keep their example alive, so that their legacy may continue to live for a very long time and not surely just some days. Let's promote then all together the values we recognise and honour in future WUIP Tournay Awards recipients by naming them after the specific Emeritus President who best represented those same values.

Prof. Sergio Gianesini, MD PhD FACS
World Union of International Phlebolymphology (WUIP) President
University of Ferrara (ITALY)
Uniformed Services University of Health Sciences (Bethesda, USA)

WUIP Directors messages for prof. Rabe

Prof. Yung Wei Chi, WUIP vice-president
Prof. Eberhard Rabe was a giant in the field and his academic work consequentially influenced the modern Phlebology/lymphology. A great friend and colleague, RIP Eberhard.

Prof. Rodrigo Rial, WUIP Treasurer
I would like to pay tribute to Professor Eberhard Rabe, who has left us far too soon. Modern Phlebology cannot be understood without his enthusiasm, dedication, and extraordinary knowledge. He was truly one of the greats among the greats.
May he rest in peace. Although he is no longer with us, his legacy will endure, and he will always remain in our memories.

Dr. Chantal Aguero, WUIP vice-president
An outstanding clinician, a tireless investigator , he represented the vanguard of our specialty . Will be greatly missed

Prof. Makoto Mo, WUIP vice-president
Dr Rabe visited Japan to attend JSP meeting few times,especially he contributed oneducaion of sclerotherapy. JSP members snd I express deep sadness and respect of great achievements in phlebology.

Prof. Ravul Jindal, WUIP Chair of Congresses & Events
Professor Eberhard Rabe was one of the most influential figures in modern phlebology, and his passing is a tremendous loss to our specialty. As a former President of the World Union Internationale de Phlébologie (WUIP), he made remarkable contributions to venous medicine through his research, leadership, and dedication to education.
Although I did not work closely with him, I had the privilege of meeting Professor Rabe on several occasions at international congresses. He was always approachable, gracious, and deeply committed to advancing the field of phlebology. His knowledge, vision, and passion inspired colleagues across the world.
Our thoughts and condolences are with his family, friends, and colleagues during this difficult time. His legacy will continue to live on through the countless physicians and patients whose lives have been touched by his work.

Prof. Oscar Bottini, WUIP General Secretary
Professor Eberhard Rabe, former president of the International Union of Phlebology, was a key figure in the development of evidence-based medicine, distinguished by his leadership in international multicenter studies that significantly contributed to the generation of evidence and the standardization of practices in our specialty. His scientific work and commitment to research have left a lasting mark on the medical community and will serve as an example. We deeply regret his passing and extend our condolences to his family and friends during this difficult time.

WUIP Directors messages for prof. Rabe

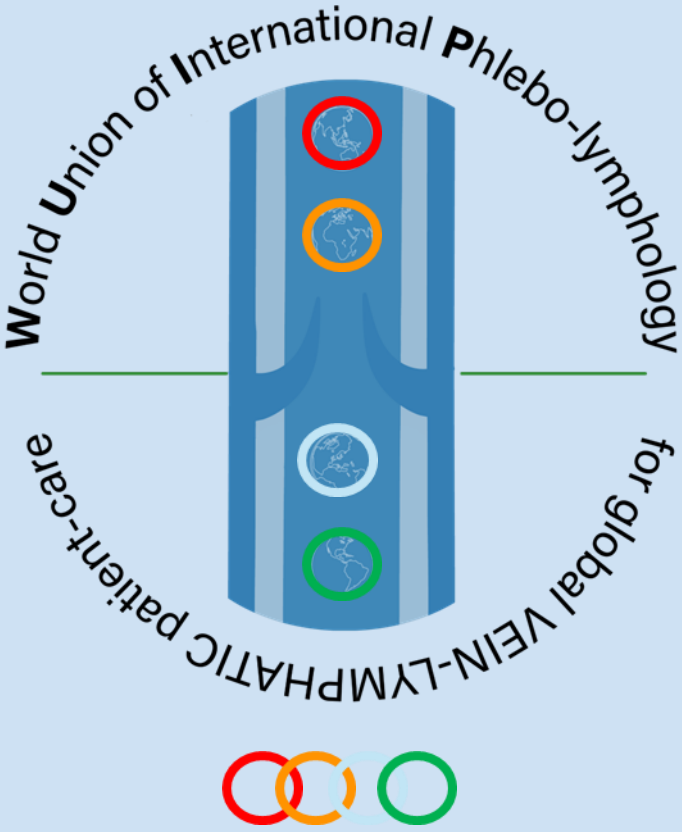
Prof. Ernesto Intriago, WUIP vice-president
We deeply mourn the passing of Professor Dr. Eberhard Rabe, former president of the IUP and one of the most influential figures in modern phlebology. His scientific legacy and his dedication to this discipline will continue to inspire future generations. Our deepest condolences go out to his family and loved ones.

Prof. Matthieu Josnin, WUIP vice-president
It is with deep sadness that we learned of the passing of Professor Eberhard Rabe — a towering figure and former President of the WUIP, whose vision helped shape modern phlebology as we know it today.
I had the privilege of working alongside him in hands-on courses dedicated to training the next generation of phlebologists, particularly in sclerotherapy. Those moments were truly memorable — not only for the knowledge he so generously shared, but for the warmth and passion he brought to teaching young practitioners.
Our heartfelt thoughts go to his family during this painful time.
He will not be forgotten.

Prof. Ayman Fakhry, WUIP vice-president
We have lost a monumental scientist and a cherished mentor. Professor Eberhard Rabe's brilliant mind shaped modern phlebology, but it was his kindness, mentorship, and warmth that touched us all. His passing leaves a great void in our hearts and our field. Sending our deepest sympathies to his family during this difficult time.

Dr. Joseph Grace, Australia WUIP Director
In Memoriam: Professor Eberhard Rabe
I was deeply saddened to learn of the passing of our esteemed colleague and Emeritus President of the UIP (International Union of Phlebology), Professor Eberhard Rabe.
While I did not have the opportunity to work directly alongside him, his presence in the vascular field was nothing short of transformative. He was a global beacon of research excellence, and his contributions have shaped the very foundation of the work we do today.
Beyond his intellectual contributions, I will always remember the incredible dignity, seniority, and grace he brought to the UIP. He was truly an incredible figure who led our community with both brilliance and heart.
My sincerest and deepest condolences go out to his family, friends, and the entire global UIP community during this profound loss. We have lost a visionary, but his legacy will undoubtedly live on through the countless lives he touched and the science he advanced.
May his soul rest in peace.

WUIP CONTINENTAL SUPPORT PROGRAM



If interested in joining write to:

president@uipmail.org

Following the letter extraction, WUIP is delighted to announce the application of Romania for the first Continental event, to be held in Timisoara, on October 14-17, 2026, under the presidency of dr. Ciprian Matei. The Continental WUIP Congresses are meant to be the getting together chance for the leadership of that region, under the support of the WUIP for synergy development, clinical governance advancement and new projects exploration.

The focus is continental but the reach out is global thanks to the activation of all WUIP communication channels.

The nation hosting the yearly continental event is identified by its first letter, following the original extraction made for each and every continent.

EXTRACTED LETTERS:

«**F**» for AFRICA-ASIA-OCEANIA

«**R**» for CENTRAL-SOUTH AMERICA

«**O**» for EUROPE

«**U**» for NORTH AMERICA

WUIP CONTINENTAL SUPPORT PROGRAM

a milestone event, the first **WUIP continental congress**, bringing together all the different nations of the region, developing synergy on the met & unmet needs, in an open dialogue with the world.

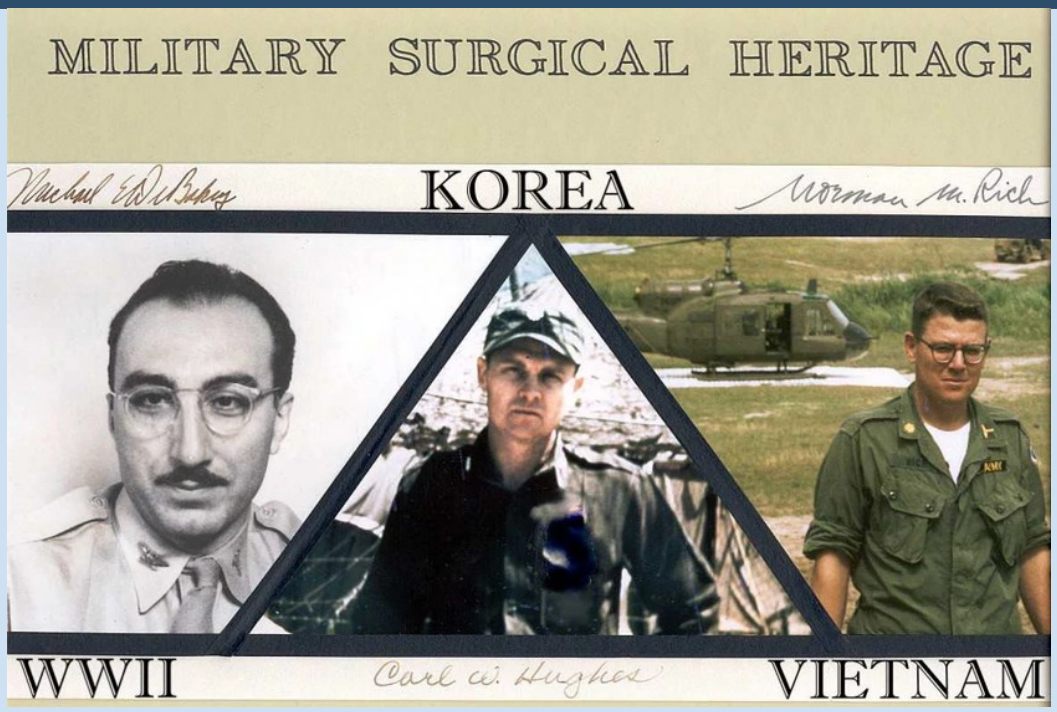
As per the WUIP regulation, all the WUIP Societies Presidents of the region (in this case Europe), together with another representative from the same organizations, are invited to join the WUIP Continental Board Meeting of October 16.

Two **free registrations** are provided to the two representatives.

All the other members are invited with **24% discount** on the meeting registration. The percentage value is on purpose in reference of March 24, 1959, founding day of the International Union of Phlebology.

If interested in joining with your society **feel free to reach out to** president@uipmail.org and bring the voice of YOUR Society to the **European** and **Global stage.**

IN MEMORIAM: Col. Norman Rich



THANK YOU for THE example, Col. Norman Rich

It is with great sorrow that I learned of the passing of a true giant in vascular surgery, and, if possible, an even greater giant in humanity. A graduate of Stanford University and a pioneer of vascular trauma surgery during the Vietnam War, Colonel Norman Rich saved countless limbs through his innovative reconstructive techniques, particularly his pioneering work in venous reconstruction. In 1966, he established the Vietnam Vascular Registry, a landmark initiative that has profoundly influenced the field for decades. Having had the privilege of serving at the same Uniformed Services University of the Health Sciences, I was honored not only to witness his extraordinary clinical expertise but, even more importantly, to know the remarkable person behind those achievements. One of my fondest memories is seeing him passionately dedicating his time to organizing the Vietnam Vascular Registry, always looking ahead to its digitalization so that its invaluable legacy could continue to benefit future generations. Colonel Rich passed away exactly 60 years after founding the registry, at the age of 92. Throughout his life, he embodied a timeless lesson: the greater one's achievements, the greater one's humility, kindness, and approachability should be. I had the great fortune to know him thanks to another giant of our specialty, Professor Byung-Boong (BB) Lee, whom I am deeply honored to consider one of my biggest mentors. For this reason I asked Professor Lee to deliver the tribute in his memory. I have no doubt that Colonel Norman Rich's scientific contributions, leadership, and humanity will continue to inspire generations of vascular surgeons. His legacy will endure far beyond our time, and his name will forever hold a place of honor in the history of vascular surgery.

Sergio Gianesini,
In representation of the WUIP

Col. Norman Rich & prof. Sergio Gianesini

Profs. BB Lee, Prof. N. Rich, Prof. S. Gianesini

IN MEMORIAM: Col. Norman Rich

Ad memoriam in honor of prof. Norman Rich

by Prof. BB (Byung-Boong) Lee

I knew his health has been visibly deteriorating through the last year but such sadness overwhelmed me when he finally left us. Indeed, Professor 'Norm', too close personally to me to call Prof. Rich with courtesy, has been with me through my entire career as a vascular surgeon since I moved up to DC from Richmond to organize the vascular surgery section at Georgetown Univ in 1978 as a joint program with the transplant surgery. So, I wish to share my personal 'informal' memories rather than a stiff formal reminiscence as my ad memoriam.

Interestingly, not many people are aware Prof. Norm was a son of the farmer immigrated from Croatia to have settled at Arizona since his family was kicked out from Croatia by Serbia to immigrate to the U.S.; I recall Norm telling me that he had a heck of time to ease his dad's rage when he forgot his dad's grievance to Serbia and casually mentioned about his leading role to establish the military collaboration between the U.S. and Serbian military group.

Naturally, Prof. Norm wanted to go to the agricultural college at the beginning with no plan to become a physician but to wind up to get the college and med school altogether later at Stanford U before he gets further training at Tripler at Hawaii to become a military surgeon.

Now, Prof. Norm has been a symbol of vascular trauma in particular through our generation so that I feel redundant to repeat his such well-known pioneering work to establish the repair of 'vein' injury as well together with the arterial injury, which we now accept as the routine policy. But I would like to add a few words to mention such historical event of vascular surgery Norm led through Vietnam War.

As we all know so well, Norm inherited 'major breakthrough' of the classic traditional concept established through WW II to prohibit the 'arterial' repair, initially led by Frank Spencer of NYU through Korean war defying the authority to attempt the repair; Norm made a further strengthening of this new concept of vascular/ arterial injury through Vietnam War and combined further with simultaneous repair of the venous injury.

Despite such unshakable contribution to the vascular surgery he gave to us, Norm always remained humble to pass up the major credits to his predecessor like Carl Hughs of Korean War who dared to challenge obsolete policy risking the courts marshal to try the repair of arterial injury to improve the limb salvage. After the war, Norm dedicated his rest of career to organize systematic analysis of vascular injury through the Vietnam War Registry based on Walter Reed and USUHS to establish this contemporary concept on the vascular repair including the innovative saphenous vein graft implication.

Besides, Norm didn't hesitate to support and encourage young colleagues in particular who want to commit to the vascular surgery and I was one of few lucky juniors with enormous debts to him to learn his foresight. Indeed, in those earlier days when I moved to the town to attempt to organize the (peripheral) vascular surgery program at Georgetown Univ along the late '70, the 'peripheral' vascular surgery was mostly a mere small part of cardiovascular-thoracic surgery led by big brother cardiac surgeons and seldom existed as an independent program throughout the country.

Hence, no one dared to challenge to big brother to claim the peripheral vascular surgery as a new part of general surgery except the transplant surgeon like me and luckily Norm at next door at USUHS shared all his experiences and knowledges to help me to organize the vascular surgery program at Georgetown as I learned through unique MCV/VCU surgery program given by David Hume of Richmond. DC, USA

IN MEMORIAM: Col. Norman Rich

Ad memoriam in honor of prof. Norman Rich

by Prof. BB (Byung-Boong) Lee

Norm further encouraged me to add/adopt the vascular laboratory as a part of my vascular program, which was then the pioneering concept not many were aware of; he even provided one crucial tech among his team at Walter Reed who subsequently retired from the army to become our full member to run the town-first vascular lab at the Washington Hospital Center, sharing Norm's enormous insight with us.

In such political town, so called federal city, Norm stood solidly to fend off many obstacles to hold USUHS as de facto center of the vascular surgery, leading such huge clan of military surgery successfully; I still remember the surgeons sitting on the first row at the annual conference like Michael DeBakey, Harold Shumaker and even WWII war surgeon Charles Rob of UK known as the surgeon who did the world first carotid endarterectomy.

Norm was also with me giving such solid support personally through the political turmoil I was dragged in to forcing to abandon Georgetown to escape to Johns Hopkins; he subsequently gave me further chance to serve to USUHS to pay back to him for what I have been owing through many decades and I still do as one of USUHS clans with such deep appreciation together with admiration to him.

I do pray for him to stay in peace and comfort he deserved more than anyone else. I certainly miss him most as de facto leader in vascular surgery we all owe so much.

Moanfully,

BB (Byung-Boong) Lee
Clinical Professor of Surgery, George Washington University, Washington DC, USA
Adjunct Professor of Surgery, Uniformed Services University of the Health Sciences, Bethesda, MD, USA
Former Clinical Professor of Surgery, Johns Hopkins University School of Medicine, U.S.A.
Emeritus Professor of Surgery, Georgetown University, Washington DC, USA

IN MEMORIAM

Aldo Zamboni, MD

The Argentinian College of Venous and Lymphatic Surgery (CACVyL) deeply mourns the passing of Dr. Aldo Zamboni, whose sudden and unexpected departure has brought profound sorrow to our community and leaves a void that will be difficult to fill.

As Secretary of Ulcers and Wounds of our College, Dr. Zamboni devoted himself tirelessly to the development of numerous scientific, educational, and professional initiatives, many of which now remain unfinished due to his untimely passing.

A distinguished surgeon dedicated to phlebology, lymphology, and the treatment of burn patients, he served as President of the Argentinian Burn Society, a role he fulfilled with outstanding professionalism, commitment, and integrity. He was also the regional representative of our College in Patagonia, where he worked tirelessly to promote our specialty and strengthen professional collaboration throughout the region.

His dedication extended beyond national borders. From 2022 to 2025, Dr. Zamboni served as a member of the Education Committee of the World Union of International Phlebo-lymphology (WUIP), contributing his knowledge, experience, and enthusiasm to educational initiatives aimed at advancing venous and lymphatic care worldwide.

Beyond his remarkable professional accomplishments, Aldo will be remembered for his humility, kindness, generosity, and ever-present smile. He was a respected colleague, a trusted friend, and a truly compassionate human being whose warmth touched all who had the privilege of knowing him.

Dear Aldo, may God welcome you into His eternal peace. Your legacy will remain with us, and your memory will continue to inspire future generations.

We extend our heartfelt condolences to his family, friends, colleagues, and loved ones during this difficult time

Dr. Luis Parrotta
President
Argentinian College of Venous and Lymphatic Surgery (CACVyL)

SPEAKER´S CORNER

What Makes Us Phlebologists?

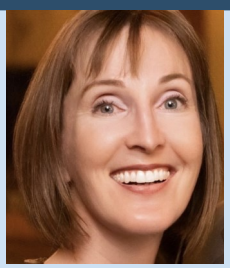
by Yasin Guctekin

Among us are vascular surgeons, dermatologists, radiologists, general practitioners and many others. So what is it that makes us phlebologists? Who is a phlebologist really?
As yet there is no accredited, officially recognized phlebology qualification, also no formal residency pathway leading to one. So what do we all share? Perhaps it comes down to this: a genuine interest in treating the venous and lymphatic disorders that we call phlebolymphology. A restless desire to keep getting better at it. Far from being a weakness, the variety of backgrounds we bring to the table is actually one of our greatest strengths.


Yasin Guctekin

But is passion enough? I don't think so. The responsibility falls on each of us to nurture the discipline we care about and to carry it to the place it deserves. We need to build a society and a board capable of guiding the thousands who practice phlebolymphology, a standard that protects both our patients and the credibility of our field. And we need far more reliable data to bring clarity to the many grey areas that still surround our indications, our techniques, and our long-term outcomes.
So how do we get there?
Seen from the outside, phlebolymphology can look simple. Step inside, and you find an ocean, a field that demands dense knowledge and highly refined practical skills. So come dear colleague, lend your hand. Step by step and on a foundation of ethical values, let us build together the world of phlebolymphology we have all imagined.

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.

Infection.in.Patients.with.Lymphatic.Disease

I was thrilled to be able to give a presentation on 'Infection in Patients with Lymphatic Disease' at the PhleboEgypt 2026 conference in Alexandria, Egypt recently. I spoke about the risks of cellulitis infection in patients with lymphatic and venous disease.

This topic is important to venous surgeons because cellulitis affects both patients with primary or secondary lymphedema and those with phlebolymphedema. Researchers found that patients with phlebolymphedema actually have the "highest rates of both an initial cellulitis episode and recurrent cellulitis events" (Tedesco et al., 2024).

Facts about cellulitis:

92% of lymphedema-related hospitalizations are linked to cellulitis.

Non-purulent cellulitis presents as erythema, warmth, edema, and pain, often without fever.

Antimicrobials like penicillin and erythromycin treat cellulitis and lymphangitis

The most significant risk factor for recurrent erysipelas and cellulitis is lymphedema.

Each cellulitis episode causes further lymphatic damage, increasing infection risk in a vicious cycle. (Lymphedema Diagnosis and Treatment, 2025)

Though sometimes the names erysipelas and cellulitis are used interchangeably, there is a difference between the two infections. Erysipelas affects superficial skin layers, while cellulitis involves subcutaneous tissue.

Compression therapy can be safely used in patients with erysipelas. There are two good reasons to continue compression use in a patient with cellulitis. First, edema can be reduced by compression therapy, which can reduce complications. Second, compression may actually improve the penetration of antibiotics into the inflamed tissue (Conde-Montero et al., 2024). Compression for patients with venous ulcers is in the form of an Unna's boot, which is a zinc oxide paste soaked bandage that creates a semi-rigid, flexible compression over the lower limb.

If the patient has repeated bouts of cellulitis, consider prescribing a pneumatic compression device and referring them for lymphatic surgery. Researchers found that "liposuction and controlled compression therapy significantly reduce the risk for erysipelas in lower extremity lymphedema" (Karlsson et al., 2022). Patients should also be referred to an infectious disease doctor for antibiotic management.

Lymphedema can increase the risk of infection in orthopedic surgery, including knee replacement. If a patient has lymphedema and is preparing to have a total knee arthroplasty (TKA), they are at risk for "increased 90-day rates of periprosthetic joint infection and superficial surgical site infection, wound complications, and pulmonary embolism" (Hrudka et al., 2025).

Recurring cellulitis infections can cause fibrosis and compromise lymphatic flow even further. After immediate infection control, these patients need ongoing lymphatic care from a certified lymphedema therapist. By working together, venous and lymphatic professionals can ensure patients receive the best care after a cellulitis or erysipelas infection.

2026 Congress – Raymond Tourney Award

by Aida Rizk

Looking back at the incredible success of our 50th Anniversary Conference in Montreal, we cannot help but to feel immensely grateful. Bringing together the brightest minds in phlebology, lipedema, and lymphedema under one roof created an unparalleled environment for both learning and connection.

From the deep dive into venous imaging complexities during our masterclass to the vibrant exchange of ideas through our diverse presentations, the energy was truly undeniable. Our exhibition hall provided a wonderful showcase for emerging technologies, fostering an atmosphere of warmth and connection with our industry partners. The synergy of these elements ensures that our community will continue to deliver state-of-the- art care through every member of the Canadian Society of Phlebology.

An unforgettable highlight of our time together was witnessing the global phlebology unite under the WUIP to present its highest honor to Dr. Pauline Raymond-Martimbeau. Awarding her the Raymond-Tournay Honorary Medal was a profound moment, celebrating a lifetime of worldwide inspiration and achievement. We stand proud to have shared in her legacy and strive to push forward the vital work she pioneered.

Finally, a very special thank you to our brilliant speakers and every single attendee who brought their curiosity, warmth, and collaborative spirit to this milestone event. Your contributions were beyond appreciated; together, we did not only celebrate five decades of academic excellence, but you also set a magnificent foundation for the next chapter of venous and lymphatic care.

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

OCTOBER 2026

16TH BALKAN VENOUS FORUM 2026

8 –10 OCTOBER, 2026

TIMISOARA, ROMANIA

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

MAY 2027

XXI CONGRESS OF THE ARGENTINIAN COLLEGE OF VENOUS AND LYMPHATIC SURGERY

13—15 MAY, 2027

BUENOS AIRES, ARGENTINA

WUIP

WORLD UNION OF INTERNATIONAL PHLEBOLYMPHOLOGY

www.uip-phlebology.org

INTERNATIONAL ANGIOLOGY: ACCESS

International Angiology, the *Official Journal of the World Union of International Phlebolymphology*, 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/

Dose-dependent effects of rosuvastatin in deep vein thrombosis: a retrospective cohort study

Dragan NIKOLIĆ 1, 2 Janko PASTERNAK 1, 2, Vladimir MANOJLOVIĆ 1, 2, Slavko BUDINSKI 1, 2, Marijana BASTA NIKOLIĆ 1, 3, Nikola BATINIĆ 1, 2

1 Faculty of Medicine, University of Novi Sad, Serbia; 2 University Clinical Center of Vojvodina, Clinic for Vascular and Endovascular Surgery, Novi Sad, Serbia; 3 University Clinical Center of Vojvodina, Center for Radiology, Novi Sad, Serbia

10.23736/S0392-9590.26.05537-9

ABSTRACT

BACKGROUND: Deep vein thrombosis (DVT) remains associated with substantial morbidity despite anticoagulation therapy, with 20-30% experiencing recurrence and up to 50% developing post-thrombotic syndrome (PTS). Statins possess anti-inflammatory properties that may benefit DVT outcomes, but evidence for adjunctive use remains limited.

METHODS: We conducted a retrospective cohort study of 255 patients with first-episode proximal DVT diagnosed between January 1st, 2020 and December 31st, 2020, with follow-up through December 31st, 2024. Using multinomial propensity scores, we matched patients 1:1:1 who were receiving rosuvastatin 20 mg (N.=85), rosuvastatin 10 mg (N.=85), or no statin (N.=85) for ≥3 months before DVT diagnosis. All patients received guideline-directed anticoagulation. Primary outcome was composite of DVT recurrence and/or PTS. We used Cox regression for time-to-event analyses and mixed-effects models for biomarker trajectories.

RESULTS: After median follow-up of 42 months (IQR 36-48), the primary outcome occurred in 31.8% of rosuvastatin 20-mg group, 38.8% of 10-mg group, and 47.1% of controls (HR=0.67, 95% CI 0.50-0.90, P=0.008 for 20 mg vs. control). Both rosuvastatin groups showed greater reductions in inflammatory markers compared to controls. Complete vein recanalization at 48 months was observed in 74.1%, 65.9%, and 58.8% respectively (overall P=0.045; pairwise 20 mg vs. control P=0.095, Table II). Safety profiles were similar across groups, with no excess bleeding or muscle-related events.

CONCLUSIONS: In this hypothesis-generating study, rosuvastatin use was associated with reduced DVT complications, with suggestions of dose-dependent effects. These associations require confirmation in prospective randomized trials before clinical recommendations can be made.

KEY WORDS: Venous thrombosis; Rosuvastatin calcium; Postthrombotic syndrome; Propensity score

Effects of information platform-based nursing management on patients with venous thromboembolism: a systematic review and meta-analysis

Danping SHI 1, Xiao ZHANG 1, Weihua JIANG 2, Weizhen FANG 3, Yuling NI 1

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10.23736/S0392-9590.26.05565-3

ABSTRACT

BACKGROUND: Venous thromboembolism (VTE) is a common yet largely preventable complication among hospitalized patients. In recent years, information platform-based nursing interventions have been increasingly implemented to enhance VTE risk assessment and the execution of preventive strategies. This study aimed to systematically evaluate the effectiveness of information platform-based nursing management in VTE prevention and control.

METHODS: A systematic review and meta-analysis were conducted by searching PubMed, Embase, Web of Science, CNKI, and Wanfang databases from inception to the present. Two reviewers independently performed study selection and data extraction using a predefined form to collect study characteristics, intervention details, and outcome measures. The risk of bias of randomized controlled trials (RCTs) was assessed using the Cochrane Risk of Bias 2.0 tool (Cochrane RoB 2.0), while observational studies were evaluated using the Newcastle-Ottawa Scale (NOS). Statistical analyses were performed using Review Manager version 5.4. Effect sizes were expressed as risk ratios (RRs) with 95% confidence intervals (CIs). Heterogeneity was assessed using the I2 statistic. Subgroup analyses were conducted to explore potential sources of heterogeneity, sensitivity analyses were performed to test the robustness of the results, and publication bias was evaluated using funnel plots.

RESULTS: A total of 19 studies were included, encompassing 108,482 patients and 30,750 observation records. Quality assessment indicated that the included RCTs generally had a low risk of bias, and the observational studies were of moderate to high methodological quality. Meta-analysis showed that information platform-based nursing management was associated with a significant lower incidence of VTE (RR=0.67, 95% CI: 0.60-0.74, P<0.001), a marked higher implementation rate of preventive measures (RR=1.38, 95% CI: 1.26-1.51, P<0.00001), and a significantly higher level of patient satisfaction (RR=1.16, 95% CI: 1.07-1.27, P<0.001). Subgroup analyses suggested low heterogeneity and consistent effects across different study regions. No substantial publication bias was detected.

CONCLUSIONS: Information platform-based nursing management is significantly associated with better performance in key indicators of VTE prevention and control and demonstrates important clinical value. Further high-quality, multicenter studies are warranted to confirm its long-term effectiveness and feasibility for broader implementation.

KEY WORDS: Venous thromboembolism; Decision support systems, clinical; Nursing care; Meta-analysis

Outcomes of endovascular revascularization of upper limb thromboangiitis obliterans via palmar arch angioplasty

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ABSTRACT

BACKGROUND: Thromboangiitis obliterans (TAO), or Buerger's disease, is a rare, nonatherosclerotic segmental vasculitis affecting small- and medium-sized arteries, most commonly in the extremities. Upper extremity involvement presents unique therapeutic challenges, particularly in preserving hand function and preventing amputation.

METHODS: We retrospectively reviewed nine male patients with angiographically confirmed upper extremity TAO. Demographics, angiographic findings, procedural details, and clinical outcomes - including revascularization success and amputation rates - were analyzed. Palmar arch angioplasty was attempted in patients with suitable anatomy and critical ischemia.

RESULTS: The mean age was 50.3±4.4 years. All patients were active smokers (mean 28.2±4.1 pack-years). Six patients (66.7%) presented with digital gangrene, while three (33.3%) had ischemic ulceration. Radial artery involvement was present in all patients, and ulnar artery involvement in 77.8%. Palmar arch angioplasty was attempted in six patients and technically successful in four (66.7%). Minor amputations occurred in eight patients (88.9%), while no major amputations were required. Patients with successful revascularization experienced improved wound healing and limb salvage.

CONCLUSIONS: Endovascular revascularization, including palmar arch angioplasty, may represent a feasible limb-salvage approach in selected patients with upper extremity TAO; however, clinical outcomes remain variable, minor amputations are still frequently observed, and the technique should be interpreted as a supportive measure rather than a definitive solution.

KEY WORDS: Thromboangiitis obliterans; Vascular diseases; Peripheral vascular diseases; Chronic limb-threatening ischemia

Long-term outcomes of endovascular therapy in Buerger disease with critical limb ischemia: a retrospective observational study

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ABSTRACT

BACKGROUND: Buerger disease, or thromboangiitis obliterans (TAO), is a rare non-atherosclerotic vasculitis affecting distal vessels, often resulting in critical limb ischemia (CLI). Endovascular therapy (EVT) has emerged as a potential treatment, though long-term data remain limited. This study evaluates outcomes and survival predictors following EVT in patients with TAO-related CLI.

METHODS: A retrospective cohort of 100 patients with angiographic features consistent with thromboangiitis obliterans and critical limb ischemia was analysed, including a subgroup of patients fulfilling strict Shionoya/Olin criteria (definite TAO) and a subgroup with TAO-like angiographic patterns but coexisting atherosclerotic risk factors. Primary outcomes were technical success and limb salvage. Secondary endpoints included amputation-free survival, ulcer healing, reintervention, and vessel patency. Kaplan-Meier analysis assessed survival, with $P<0.05$ considered significant.

RESULTS: Mean age was 41.5±6.9 years; 51% were female, and 64% were current smokers. EVT included stenting (38%), drug-coated (31%), and plain balloon angioplasty (31%). Technical success was 92%. Limb salvage was achieved in 47%; amputation-free survival at 12 months was 51%. Kaplan-Meier analysis showed significantly longer survival in younger patients (≤40 years), never smokers, and those with ulcer healing, limb salvage, and vessel patency (all $P<0.05$). No significant differences were found by sex, diagnostic criteria, or reintervention.

CONCLUSIONS: EVT is a viable option in TAO-related CLI, with improved outcomes linked to younger age, smoking cessation, and ulcer healing. Despite high amputation rates, targeted intervention and follow-up may improve long-term limb preservation.

KEY WORDS: Thromboangiitis obliterans; Chronic limb-threatening ischemia; Endovascular procedures; Limb salvage; Survival

WUIPROJECT - MONTH 24

On behalf of all the World Union of International Phlebolymphology (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=QklhcDVPd01nQ3YvbTk5WUlMMFNaQT09

Meeting ID: 889 1360 5824 Passcode: 916415

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

Sergio Gianesini, MD PhD FACS
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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, phlebolymphology advancement, problem solving in clinical practice. If you are interested in submitting a comment, send a 300 word summary to:

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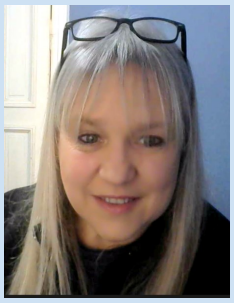

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