

Does the Endovascular Era Affect the Clinical Negligence?

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Letter

During the review [1-3] process in several endovascular journals, we become more and more surprised by the lack of basic medical principles, such as clinical examination and presented patients symptoms. Although, several recommendations [4,5] was given which clearly define the degree of ischemia of lower extremities, it seems to us that not enough attention is given to the symptoms. Often, the symptoms are not displayed or even mentioned in the papers. However, symptoms of patients represent one of the most important criteria for a therapeutic option. Over the past few decades, a rapid development of endovascular techniques and new technology made possible the treatment of complicated arterial lesions, as well as the subintimal recanalization, stent graft implantation, etc.... Also, such development provides a great encouragement to vascular surgeons, particularly in the treatment of patients with significant co-morbidity or with vascular lesions unsuitable for open surgery which significantly reduced the complications rate, mortality and length of hospital stay [6-9].

Beside the great advantages in the use of various simulation platforms and the major changing in the learning and training it seems that such methodology affect the clinical negligence and led to medical engineering. In addition, it more seems that technological developments and the modality of the endovascular treatment is increasingly focusing the attention of physicians, on the other hand, it moves them away from the patient.

Clinical examination is one of the fundamental diagnostic procedures and should not be skipped even though there are highly sophisticated diagnostic techniques... In several papers, we noticed that the descriptions of occlusive lesions supported by appropriate images are very detailed, but the clinical feedback is very parsimonious with surprising finding that distal pulse was palpated, although patient had proximal occlusive lesions!!! However, as already mentioned above, highly sophisticated and complex endovascular procedures should be applied in cases when indicated as part of a general condition of the patient, not just as the focus of the characteristics of the lesion.

Besides these I listed several objections; great attention was focused on the patency of the treated segment, while there is a often shortage of data relating to the primary assisted and secondary patency, which

is clearly defined in the consensus statement, "A call for uniform reporting standards in studies assessing endovascular treatment for chronic ischaemia of lower limb arteries", published by Diehm et al. [10]. Also, frequent mistakes are made in defining the outcome and complications after endovascular treatment which are also clearly defined.

The purpose of this letter is that besides new techniques, which open new horizons in the treatment of vascular diseases, we must not forget the basic principles of patient evaluation and symptomatology, which should be clearly defined to avoid the perception of the patient only through the lesion to be treated.

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