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Varicose vein pathology relevant to postsurgical recurrence

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Abstract

 $\mathbf{P}_{ ext{ostsurgical}}$ recurrence of varicose veins of the lower extremities has classically been attributed to tactical, technical, neovascularization and disease progression factors. In this review, we highlight one aspect of all of these factors, namely the discrete hyperplastic endothelium, lining the axial refluxing saphenous veins and their tributaries. This hyperplastic nature actually emanates from the relatively immature nature of these cells that makes them vulnerable to the effect of growth promoters. Surgical trauma and pregnancy hormones are the two most commonly encountered factors that stimulate inevitably residual islands of immature hyperplastic cells after surgery to grow and cause a clinical recurrence that varies from reticular veins, up to strip-tract recurrence. In conclusion, surgical treatment of varicose veins has to be abandoned in favor of endovenous treatments that ablate and avoid stimulation of the immature vulnerable hyperplastic endothelium.



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