Multiple Sclerosis & CCSVI

Missed Key Evidence

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It was quite an exceptional and challenging task but I have never had such unique experience to read about multiple sclerosis (MS) as ‘always wanted to know but afraid to ask.’

This is a monumental summary for such myth-embedded MS, no one ever clarified sufficiently so far as I know of, I once again confirmed.
Although he wrote this manuscript in an ‘essay’ style, adding much of his personal opinion/feeling on current status of MS, unfairly governed by the neurologists, with full of despair, his review on the MS from CCSVI point of view is logically impeccable with no doubt.

One of few interesting highlights in his summary is he also shared same hemodynamic interpretation on the reflux versus obstruction in the peripheral venous system.

Indeed, this manuscript gave me an eye-opening opportunity to learn what I do not know about MS - MS has a higher prevalence as coexisting condition with the venous malformation- and further what I should know more about MS, clarifying much of confusion/misunderstanding on ‘undeniable’ relationships between MS and CCSVI.

References

Bandages were known since the ancient age, while the elastic stockings were born just in the middle XIX century. An interesting paragraph tells us the history of the textile fibres and how they evolved into the materials used today.

A thorough attention is given to the pathophysiology of compression and to its biophysical properties like elasticity, hysteresis, and extensibility. Pressure of bandages is different during muscle contraction (working pressure) or at rest (resting pressure) and applying a bandage it’s necessary to take into account its elasticity. The classification follows several national standards, between them the German RAL-GZ 387 and the English BS 7505:1995. Anyway, the practical behaviour of a bandage depends strongly on the application technique, which has its learning curve.

A current issue, which captures today the attention of several manufacturers, is the in vivo measurement of compression of bandages as well as compression stockings. Another actual debate about the advantages of progressive vs. graduated compression stockings is thoroughly treated together with the available evidences.

The Consensus deals also with the use of compression in several pathological conditions. Limiting to vascular surgery, interventions can be classified according to their thromboembolic risk (low, score 0; medium, score 1; high, score 2) and to the need of a compression device for thrombosis prevention. For instance, superficial venous surgery has a 0 score, while open aortic surgery a 2 score.

However, in superficial venous surgery compression is used generally to reduce pain and to improve aesthetic results as well as quality of life (QoL).

As regards lymph diseases, compression is not only a mandatory therapeutic resource in clinical practice, but enters in the definition of the complex decongestive therapy (CDT), which uses stockings, bandages and intermittent pneumatic compression (IPC).

Interestingly, preliminary data and hypotheses are presented about the role of biochemical changes after compression in venous and lymphatic diseases. Though studied just in a preliminary way, these suggestions open to a new promising point of view in research.

In conclusion, the CTG Consensus is a comprehensive report about the role of compression in all its variegated forms, as a successful tool in vascular daily practice.

References