

The results show concerning the epidemic, two were par- than 50 % of pati- 0 to 4 of clinical flux free, which me- from functional CVI. en the different clas- sification changed in a ner after 6 months umber of patients reased to the benefi mptoms such as pain, 1 cramps were signi- 001). This was asso- ease in edema, when circumferences with

Results of the RELI- et validity and repro- onnaire adaptations, n of Quality-of-Life This progression was rovement of patients ssment of CVI sym- by evolution of the

Ardium, Arvenum, Venitol

athophysiology, ent

ndrome experi- in vivo

Medicine, Timisoara,

al, simple, reproduci- of postthrombotic syn- search of the patholo- of some venous e techniques.

We have produced a thrombosis of the pel- el dogs using one or associated with polido- stem was harvested at e thrombosis and we microscopic studies of ling tissues.

be the thrombosis (ob- ved by the colaterali- me). The repermeabi- week, with the inevi- and thickening of the ndrome). Starting with notice a very strong r reaction, which tur- one, making experi- e difficult. By the time venous wall was thik- structure, based on a completely regenerated en- ll showed an increased tory aggression than the

venous one. In time, the distraction as well as the valvular insufficiency becomes as important as the parietal structure degradation and the perivenous tissue modifications. We have not noticed cutaneous modifications of venous insufficiency or arterial vascular shortage.

Conclusions: The created experimental model is an useful tool in the research of the pathology of the PTS, the evaluation of venous reconstructive techniques and various therapeutic mesures.

65) Active treatment of the subclavian vein thrombosis

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Aim: Increase of efficiency thrombolytic therapy in-patients with primary subclavian vein thrombosis with use endovascular intervention.

Patients and methods: 39 patients (16-76 years old) with effort subclavian vein thrombosis were treated. Prescription of the disease changed from 1 day to 3 months. Localization of the thrombosis was: subclavian vein only - 19 cases, axillary-subclavian vein - 14 cases, brachial-subclavian vein segment - 6 cases. Alone thrombolytic therapy was used in 29 cases. In 10 cases we used thrombolytic therapy in combination with aspiration thrombectomy and balloon angioplasty residual stenosis of the subclavian vein.

Results: 94,6 % our patients despite of duration of the disease demonstrated good patency of the subclavian vein after thrombolytic therapy. Full thrombolysis took place in 15 from 29 cases, partial- in 12 cases. There were 2 cases of rethrombosis in a period 7 and 13 days after intervention. These complications were connected with dissection of intima as the result balloon angioplasty. 35 patients were investigated during 2 months - 5 years after treatment. Reocclusion, as a result of the residual subclavian vein stenosis was founded in 2 cases. 3 patients had non-severe symptoms of the chronic vein insufficient.

Conclusion: Thrombolytic therapy is high efficacy method for treatment subclavian vein thrombosis directed on elimination venous insufficiency. The greatest prospects thrombolytic therapy gets in a combination with miniinvasive endovascular X-ray surgical interventions.

66) The complex injuries produced by percutaneous injection of fluids under very high pressure

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Commonly used implements (hydraulic pumps, spray-guns, industrial - or even veterinary - injection devices, ...) can induce high pressures (up to 800 kg per cm² or more) in various - also sometimes overheated - fluids, such as:

- Air, gases, water or numerous solutions, ...
- Mineral matters (saturated hydrocarbons) of very diverse consistency (paraffins, tars, lubricating oils and greases, waxes, ...)
- Organic substances (oils, fats, ...)

- Complex chemical compounds (paints, detergents, silicones, pharmacodynamic agents, ...)

When anyone among these elements is flung through a small-sized jet, it may behave like a high velocity projectile, then susceptible to perforate the skin. Therefore, it penetrates and spread more or less in the deeper tissues, according to its amount injected, its kinetic energy, its viscosity and the consistency of the smitten anatomic structures: these factors define the extend of the »mechanical damage«. The »physico-chemical constitution« of the injected material determines the type of the organism reaction: it may appear as a non-symptomatic surrounding of such foreign ingredient in an ordinary scarrous tissue or generate a major inflammatory response with intoxication and tissue necrosis leading to amputation. The subcutaneous implantation of »supposed inert soft components« (mainly hydrocarbure and silicones) is used since one century in plastic surgery and their biological tolerance has been widely appraised. Such injections of »other stuffs« - resorbable or not - chiefly concerns the fingers and the hand in »accident at work«. The therapeutic management must be adapted to both the »mechanical lesion« and the »casual chemical alterations«. In addition, »bacterial contamination« frequently occurs. The literature about these faidy rare but always serious injuries is reviewed. A case of high pressure injection lesion by very fluid mineral oil is reported: severe lymphosclerosis and lymphedema developed over a seven-year period in the whole left upper limb with late migration of microscopic droplets of oil, very far away from the original scattering site. Medico-legal and therapeutic considerations are suggested about this original observation an account of the previous international clinical experiences.

67) Considerations cliniques et pathologiques au sujet des Leiomyosarcomes à point de depart veineux

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Les Leiomyosarcomes (LMS) issus de la paroi veineuse résultent, soit de la transformation maligne d'un léiomyome, soit démontrent d'emblée un caractère cancéreux. Les critères histologiques permettant d'apprécier la malignité d'une masse proliférative de cellules musculaires lisses sont assez arbitraires (présence de plus de 5 mitoses anormales par 10 champs microscopiques à un grossissement de 100 fois). Il s'ensuit que la gravité de certains cas est malaisée à définir formellement. Les tumeurs veineuses primitives sont rares: 90 % d'entre elles sont malignes et 80 % de celles-ci sont des LMS Le diagnostic de ces derniers est souvent établi par l'analyse histologique post-opératoire ou à l'autopsie. Les informations cliniques publiées au cours des 3 dernières décennies permettent de suspecter plus aisément ce diagnostic et de traiter plus efficacement un LMS. L'anamnèse suggère souvent une occlusion veineuse avec stase mais sans aspect

»thrombophlébitique«. Deux cas personnels avec survie post-opératoire sans récidence années et l'autre, décédé par embolisation typies de fragments tumoraux) ainsi que l de la littérature, font considérer que les L présentent sous 2 aspects fondamentaux: - »Tumeur limitée«, dense, à croissance guérissable« par exérèse.

- »Tumeur exophytique«, intraluminaire, rapidement expansive dans le courant sang départ d'un pédicule limité implanté dans veineuse; les embolisations et métastases naires sont fréquentes tandis que les exte lymphatiques ou locales sont limitées. Ces ons doivent guider les attitudes thérapeuti

68) Particularites anatomotopographiques locales agissant comme facteurs étiopathologiques des subocclusions occlusions et thromboses de veines axillo-subclavieres

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La thrombose veineuse profonde axillo- vrière (TVPAS) fut trop longtemps con- »primaire«, »essentielle« ou »idiopathique« concept a régressé avec la connaissance fets pathogènes occasionnels de certains formations anatomotopographiques de la cervico-scapulo-thoracique. Vers 1980, quence des TVPAS. est estimée à 1 % de des quatre membres. Les séquelles foncti- les et les risques de thrombo-embolies pulmonaires des TVPAS. ne sont pas re- comme souvent importants. Par ailleurs d- breuses technologies modernes de traiter- monitoring biophysiologicals utilisent l- ellement la veine axillosubclavière com- cès, temporaire ou permanent, à divers se- du courant sanguin et (ou) certains orga- fréquence des TVPAS aurait ainsi presqu- tупlé. Chez 1/3 d'une population exempte sémiologie significative, il existe de non- types de dispositions topographiques con- les ou acquises, d'éléments anatomiques no- ou »juxtanaormaux« (facteurs constituti- qui sont susceptibles, dans des »conditi- ticulières« (facteurs déterminants) de pro- une TVPAS Une coagulopathie n'est qu- ment mise en évidence. L'utilisation me- de la veine axillosubclavière comme ac- courant circulatoire accroît ce risque. Ce- thologie n'est compréhensible qu'en fonc- la connaissance de l'évolution phylogéni- a amené l' »Homo Sapiens« à l'orthostatis- base de plus de 2.000 examens clinique- 850 dégagelements chirurgicaux de défilés o- scapulo-thoraciques depuis 1973, un rép- de ces conformations anatomotopograp- potentiellement pathogènes est établi. Ces peuvent engendrer des déformations posi- les de la veine éventuellement suivies de T- Une classification de ces »atypies« con- onnelles ainsi que des indications, respecti- des traitements conservatoires, par angiop- endoluminales ou chirurgicaux est propo-