Chronic Venous Disease
An overview for referral providers
Chronic venous insufficiency ($C_{3-6}$)

Severe leg pain, extensive grade 3 swelling, discoloration, dermatitis, lipodermatosclerosis, venous ulcer

Images courtesy of Peter Neglén, MD and Paul Gagne, MD
Table 1. Revised clinical classification of chronic venous disease of the leg

<table>
<thead>
<tr>
<th>Class</th>
<th>Definition</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>C₀</td>
<td>No visible or palpable signs of venous disease</td>
<td></td>
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<tr>
<td>C₁</td>
<td>Telangiectases, reticular veins, malleolar flare</td>
<td>Telangiectases defined by dilated intradermal venules &lt; 1 mm diameter Reticular veins defined by dilated, nonpalpable, subdermal veins ≤ 3 mm in diameter</td>
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<tr>
<td>C₂</td>
<td>Varicose veins</td>
<td>Dilated, palpable, subcutaneous veins generally &gt; 3 mm in diameter</td>
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<tr>
<td>C₃</td>
<td>Edema without skin changes</td>
<td></td>
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<tr>
<td>C₄</td>
<td>Skin changes ascribed to venous disease</td>
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<tr>
<td>C₄A</td>
<td>Pigmentation, venous eczema, or both</td>
<td></td>
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<tr>
<td>C₄B</td>
<td>Lipodermatosclerosis, atrophie blanche, or both</td>
<td></td>
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<tr>
<td>C₅</td>
<td>Skin changes with healed ulceration</td>
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</tr>
<tr>
<td>C₆</td>
<td>Skin changes with active ulceration</td>
<td></td>
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</tbody>
</table>

Figure 1. Clinical manifestations of chronic venous disease
Telangiectases (clinical, etiological, anatomical, and pathophysiological [CEAP] class C₁) are shown in Panel A, varicose veins (CEAP class C₂) in Panel B, pigmentation (CEAP class C₄) in Panel C, and active ulceration (CEAP class C₆) in Panel D.

Iliac vein compression syndrome

Chronic, repetitive compression at the site causes fibrosis of the vein that results in stenosis or even occlusion of the lumen.

Clinical Data
Venogram Versus Intravascular Ultrasound for Diagnosing and Treating Iliofemoral Vein Obstruction (VIDIO)

In VIDIO, the first prospective multicenter study comparing multiplanar venography to phased array intravascular ultrasound, IVUS detected 88% more lesions.¹

Diagnose, size, and assess treatment with the help of the Philips Volcano Visions PV .035 Digital IVUS Catheter.

Be sure to visit our website as we update with the latest information: www.volcanocorp.com/VIDIO.

IVUS and venous stenting

• Minimally invasive endovascular procedure
• Outpatient procedure
• Minimal morbidity
• Quick symptomatic relief
  – Decrease leg edema
  – Decrease wound weeping
  – Promote ulcer healing

IVUS left leg
IVUS right leg
Before and after

Results are not predictive of future outcomes. Images obtained from actual cases with consent from the clinician. Data on file at Philips Volcano.
Additional information:
Clinical references
