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**Fig 1: Scientific discussion
In Sala Folchi during the
20th MLAVS Congress in
Rome**

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**NEWS IN ANGIOLOGY AND
VASCULAR SURGERY IN THE
MEDITERRANEAN REGION**

The 20th Mediterranean Congress of Angiology and Vascular Surgery took place in conjunction with the Annual National Meeting of the Italian Society of Vascular Diseases (SIDV), from the 28 to 30 of October 2010 in Sala Folchi, St Giovanni in Laterano of Rome. It seems that the famous saying “All roads lead to Rome” is true, that Rome has, since ancient times, attracted different people. Rome is built on seven legendary hills occupying an area of 1500 square Kilometres. The Tiber is the major river of the town, with its sources to the southwest of San Marino in the Apennines.



Fig 2: The most recognizable monument in Rome is the Roman Colosseum, which is technically known as the Flavian Amphitheatre, inaugurated in the year 80 AD.

Rome has weathered all the storms of history from the 8th century BC to the present day and is worthy of its title as “The Eternal City”.

There are hundreds of reasons to visit the City of Rome. Dotted through the city are medieval churches filled with magnificent mosaics and ruins almost in every corner and square.



Fig 3: The Pantheon

There are temples, tombs, obelisks, catacombs, mausoleums, aqueducts and stretches of ancient Roman roads, while the public fountains are still one of the glories of Rome.



Fig 4: Fontana di Trevi

The **scientific program** started on 28th to the 30th of October and included as usual Symposia, Round Tables, Lectures, Free Communications and several Courses.



Fig 5: The Forum of Caesar was the first of the Roman Forums.

THURSDAY (28/10/10)

Course on Echo and Transcranial Doppler. After a short introduction by the President of the Congress F. Benedetti- Valentini, the following lectures delivered their lectures: O. Martinelli, R. Pere, P. Limoni, C. Baracchini, M. Mancini, D. Richi G Malferrari, and M. Marinoni. This course covered all the aspects of Doppler applications including foramen ovale, microembolism, thrombolysis, and cerebral death.



Fig 6: The first nucleus of city life in Rome was a hill which became thereafter the Imperial Headquarters. It looks down on one side upon the Forum Romanum and on the other side upon the Circus Maximus

The afternoon program started with the **Opening Ceremony** followed by the **symposium** "On compression Vascular Syndromes". During this Symposium lectures by F. Benedetti-Valentini, G. Camprose, A. Amato, V. Dorrucchi, F Magnoni, P. Antignani, W. Dorigo, and M. Udini were delivered.



Fig 7: The ruins of Trajan's Forum in the heart of Rome resemble pieces of a giant jigsaw puzzle.

This **Symposium** was followed by a session of **free communications**.

FRIDAY (29/10/10)

During the second day of the Congress **joint MLAVS and SIDV Symposium and Lectures** took place.

The European Upgrading Symposium started with the lecture of M. Amitrano "Screening of multiple arterial occlusive Disease in the territory". Next was the Lecture of M.M. Di Salvo under the title "Arterial lesions in mesenchymal disease." The lecture "Investigation in multilevel arterial disease" followed by PL Antignani. Then, L. Lovato presented the lecture "Imaging for the diagnosis of multilevel arterial disease" and P. Carpentier the lecture "Conservative management of multilevel arterial disease".



Fig 8: The Mouth of Truth has hung in the portico of the Church Santa Maria in Rome since 1632. It was thought that a liar would loose his hands if he placed them in the mouth of the Bocca del Verita!

The **Symposium** continued with the lecture “Best management for multiple diabetic vascular lesions” by C. Alegra. Ch. Liapis presented the lecture “General philosophy and strategy for the invasive treatment of multilevel arterial disease” and J. Fernandes e Fernandes the lecture “CAS vs CE: Prior or subsequent to aortic surgery?”. Then, K. Roztocil elaborated on “Multilevel occlusive arterial disease in population based program of prevention” and J. Fernandes e



Fig 9: This bridge, known as the Aelius Bridge, has been spanning the Tiber for almost two thousand years.



Fig 10: St Peter's Basilica

Fernandes on “Renal artery and aortic disease: when and how to manage it”
The Symposium closed with the following lectures: “Indications and technical solutions for the invasive treatment of iliac and femoropopliteal occlusive disease by P. Berg, and “The polyaneurysmatic patient: Investigations and treatment”.



Fig 11: Known in antiquity as the Porta Ostiensis, the gate opened into the Via Ostiense, which led to St. Paul's Basilica from which the gate took its present name.

Early in the afternoon, the **Executive Meeting of MLAVS** took place, followed by two lectures: “On Lymphoedema” by PL Antignani and the **BALAS** lecture



Fig 12: A monument entitled to Vittorio Emanuele II of Savoia, first king of Italy. It is called also National Monument of Victor Emmanuel II or Altar of the Fatherland.

by N. Angelides under the title: “Drug eluting devices for occlusive small and large arteries”. Then the **Symposium** “New technologies and methods” followed, with lectures delivered by T Baroncelli, F. Stillo, P. Rispoli and M. Sica. The final **Symposium** was on “Atypical Phlebitis” with lectures delivered by M. Gallucci, A. Carolei, S. Bilancini, M. Lucchi, PE Mollo and F. Conti.

SATURDAY (30/10/10)

The last day of the Congress started



Fig 13: The tomb of Cecilia Metella, the daughter-in-law of triumvir Crassus, was converted into a fortress.

with the **Symposium** “What new in Post-thrombotic Syndrome?” The lectures of this Symposium were delivered by M. Bonifacio, A. Carlizza,



Fig14: Emperor Caracalla’s Baths. These thermal baths were able to receive, at the same time, 1700 people

A. Visona, A Di Folca, G. Arpala, A. Floris and S. Venosi. The final **Symposium** was on “Intermittent claudication”. The lectures were delivered by L. Pedrini, G. Failla, L. Alluigi, O. Flamini, R. Pulli, S. Minucci, C Palasciano and G.P. Settembrini



Fig 15: The Cestia Pyramid in Rome is a funerary monument dedicated to Caio Cestio Epulone, who died in 12 before Christ.



Fig 16: Isle Tiberine rises in the middle of river Tevere, in Rome: it was an important place during settlement of early Romans on the surrounding territories

Two courses on “Diagnosis” and on “Treatment” of arterial diseases, closed the scientific part of the Congress. The Lectures and the practical applications were delivered by E. Lucente, A. Di Folca, W. Dorigo, A. Izzo, M. Scarpazza, S Salmaso, P Zulian, D. Scargiali, and A. Masini on the “Diagnosis”; Similarly, on “Treatment” the lectures and practical applications were delivered by C. Tonelo, G. Failla, A. Silvestri, S. Mazzanti, F. Ianni and D. Cessi.

The grand finale of the Congress was the official dinner at the giot club of Rome by the River Tivere.



Fig 17: In the 4th century B.C., the Circus Maximus was one of the largest stadia in Rome, with a capacity of 250,000 seated spectators.



Fig 18: This Arch was erected to honor Emperor Constantine after the battle against Maxentius in 315 AD., at the Milvian Bridge.



Fig 19: Largo Torre Argentina is a square in Rome that hosts four Republican Roman temples, and the remaining of Pompey's Theater.

FUTURE MLAVS CONGRESSES

**21st MLAVS Congress in Genoa, Italy
President of the Congress: Prof. C. Campisi**

22d MLAVS Congress in Civitavecchia, Italy

President: Prof. L. Antiniani

23d MLAVS Congress in Madeira Portugal

President: Prof. J. Fernandes e Fernandes

24th MLAVS Congress in Santorini, Greece

President: Prof. Ch. Liapis



Fig 20: "La Cita dell'Acqua", is an archaeological area in the quarter of Trevi, a few meters from the Trevi Fountain. This spectacular area is a recent excavation.

A Summary on "BALAS's Lecture" which was presented by Nicos Angelides under the title "Drug eluting devices for small and large diseased arteries": Over the last 30 years a great advancement in the endoluminal treatment of cardiovascular diseases has been made. Basically, three major steps were done towards this direction. The first step was performed in 1977 with the introduction of balloon angioplasty by Andreas Gruntzig. The second step occurred ten years later with the introduction of metal stents. Ten years later, a third step was obtained with the use of drug eluting stents. Now, ten years after, we are reaching a fourth step, which is the introduction of drug-eluting balloons. Since 1977, angioplasty has been improved and has become a leading technique for treating coronary artery disease and peripheral arterial occlusive disease. During balloon angioplasty, the adventitia and the media are stretched and the diseased intima with the plaque are fractured and displaced, allowing remodelling of the lumen.

At the beginning the rate of re-stenosis was high, shifted between 30% and 50% both for the coronaries and the peripheral arteries. By the end of the eighties, the stents were introduced into the hospital practice, in order to minimize the problem of re-stenosis in the coronary arteries. The insertion of a stent after balloon angioplasty prevents elastic recoiling, which will eventually occur, tending to decrease again the diameter of the lumen. However, the action of stenting the arterial wall generates intimal proliferation, which again is responsible for a late reduction of the diameter of the lumen between 10% and 30%, causing re-stenosis. What is the answer to this problem? Are drug eluting stents the answer to the problem of re-stenosis? The use of drug eluting stents in the coronary arteries provides the vessel's wall with a coating of anti-inflammatory and anti-proliferative agents which are released into the adjacent tissues, modifying the local response to the foreign body. It was demonstrated that drug-eluting stents decreased the rate of primary re-stenosis of the coronaries down to 5%, by eluting a small amount of medication over a period of time. This medication slows down the growth of cells on the inner-lumen of the artery. Despite some negative reports, drug-eluting stents proved to be superior to bare metal stents in the sense that they have the ability to prevent or delay tissue in growth in most situations. The "cardiac experience" with drug eluting stents is the reason why they have been also employed for the recanalisation of occluded peripheral arteries. Their use was based on the same principles that were valid for the coronary arteries. What are the results with drug eluting stents in occluded large peripheral arteries? In Strides and Sirocco trials, patients with superficial femoral artery occlusion were included. It was found that there was a higher primary patency rate in patients stented

with drug eluting stents than with bare metal stents at 6 months. However, there was a setback at 12 months. This crucial difference in post stenting behaviour of the large peripheral arteries shows that the “coronary experience” with drug eluting stents has not the same applicability in the iliofemoral segment after a certain period of time. Experimental trials are still going on with drug eluting stents for peripheral arteries. In general, so far, it has been demonstrated that when treating arterial occlusions of the periphery, drug-eluting stents are superior than bare metal stents during the early post-stenting period, while the late results are still under investigation. The question now is if drug-eluting balloons can become the fourth step of the ladder? Drug eluting balloons represent a novel option in treating both coronary and peripheral occlusive lesions. These balloons are coated with a drug which can be released when the balloon is expanded. The drug is then absorbed in the vessel and can prevent tissue ingrowths which are normally the consequence of an ordinary balloon or stent expansion in an artery. The reasons for trying to upgrade the endoluminal ladder to a fourth step have as follows: Drug-eluting balloons can access vascular areas that stents cannot. They do not require significant training. They can deliver the drug homogeneously over 100% of the area of an angioplasty. No implant is left behind and they ease the antiplatelet treatment because no foreign body is left in situ. THUNDER Trial showed that drug eluting balloons is a promising method for treating distal arterial blocks. THUNDER trial had three groups of patients: one was treated with ordinary balloons, the second one with drug eluding balloons, and the third was receiving the drug in the contrast agent. The results showed

that lumen loss was very little in the coated with paclitaxel balloon group. More randomised trials are now in progress using drug-eluting balloons, in areas where stents cannot be successfully applied, i.e. in cases of coronary-in-stent-re-stenosis, superficial femoral-in-stent-re-stenosis as well as in distally located blocked arteries, below the knee. In these patients drug eluding balloons are aiming to improve the long term patency rate and continue to show early promise. In conclusion, the endoluminal goal for the coronary arteries is to prevent and cure myocardial ischaemia. For the peripheral arteries the main goal is to treat resting ischaemia and save the leg. However re-stenosis after any endoluminal procedure may occur, resulting from neo-intimal hyperplasia. We are now investigating the fourth step of treatment with endoluminal devices, using drug eluding balloons. Their superiority against drug eluding stents rests on the fact that balloons can access areas that are not accessible by stents. Further studies are necessary to prove the efficacy of drug eluting balloons in large arteries above and below the inguinal ligament and in small arteries below the knee.



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