

## Mauro Bartolo and Franco Pratesi

Claudio Allegra

Italian College of Phlebology (CIF)  
Founder & Chairman; Emeritus  
President of International Union of  
Phlebology (UIP), Rome, Italy

### It was the 50's and 60's

The Italian Society of Angiology (SIA) and the Italian Society of Phlebology (SIF) were founded in Pisa at the Institute of Dermatology of the local university, with Marcello Comel as Founding President, followed by his nephew Enea Mian. The two Societies organized a congress every 2 years at Salsomaggiore Terme, prevalently focusing on phlebology and ulcers. It is important to remember that in almost all European countries, and also overseas, phlebology stemmed from dermatology because dermo-hypodermatitis and ulcers apparently presented themselves as skin diseases.

The most significant lessons that were learnt at those congresses on the treatment of ulcers were: preserve the humid environment; not make an ill-considered use of ointments or creams in general, so as not to cause local allergies; make an abundant use of saline solution to cleanse the ulcers, and compulsorily use compression both through bandages and stockings. What we notice today, at a distance of more than half a century, is that these fundamental principles have not changed, even after the advent of the so-called advanced dressings.

Simultaneously, the School of Angiology was opened in Florence, out of Internal Medicine, which obviously allowed more space to arteriology than to phlebology. It was a basically a school against surgery, based on the axiom of his founder, Franco Pratesi, which was: never treat the veins surgically.

Pratesi had three historical collaborators: Professor Alfredo Nuti, Professor Marcello Tesi and Professor Carlo Corsi (Figure 1). The first, who was the oldest, was the clinician; Tesi already studied coagulation in angiology and phlebology, and Corsi was more interested in instrumental techniques, and particularly in plethysmography. It is important to remember that Professor Tesi used low dosage intramuscular sodium heparin both as a prophylaxis of venous thrombosis during season changes and as treatment in patients with arteriosclerotic arteriopathies, and reported excellent results at 2 years in the latter. So, we won't

be surprised to know that there are currently studies on the use of low dosage NOACs in the prevention of complications in patients with peripheral arteriopathy.

The lessons learnt from the school of Franco Pratesi is: use of compression in phleboopathies, by distinguishing between fixed/mobile compression and bi-elastic, mono-elastic and anelastic bandages depending on the characteristics of the disease; use of heparin both as prophylaxis of venous thrombosis and as prophylaxis of complications during arteriopathy; compliance with the recommended life-style and the standard treatment of erysipelas; prevention of relapses with penicillin.

In 1964, a Specialization School in Angiology was opened in Bologna. It branched out of the surgical trunk and was directed by Professor Tagariello, even though it had a mainly medical orientation. The first members were Allegra, Bartolo and Marchitelli.

In 1978 there was the so-called *Ciccio fracture*, when Prof. Mauro Bartolo (Figure 2), no longer tolerating the absence of the most elementary form of democracy within the Italian Society of Angiology chaired by Professor Comel, founded the Italian Society of Vascular Pathology in Ciccio (SIPV), of which he also drew the logo. It was Bartolo who defined phlebology as *the Cinderella of angiology*.

It was the 80's.

Several study groups gradually emerged within the SIPV: one on vascular ultrasound (GIUV), one on clinical-experimental phle-

Correspondence: Claudio Allegra, Italian College of Phlebology (CIF) Founder & Chairman; Emeritus President of International Union of Phlebology (UIP), Rome, Italy.  
E-mail: allegra@mclink.it

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bology (SIFCS), another on capillaroscopy, an Italian study group on microcirculation, a study group on laser-Doppler.

Some remained groups, others became autonomous Societies over time, such as GIUV and SIFCS, the latter, led by Professor Tesi, becoming a Society of 9 members in 1987, 6 of whom were doctors and 3 non-doctors, with alternating chairing



Figure 1. The historical collaborators of Pratesi: Prof. Alfredo Nuti, Prof. Marcello Tesi and Prof. Carlo Corsi.



Figure 2. Mauro Bartolo.

by medical and surgical members.

At international level, the UIP (*Union Internationale de Phlébologie*) recognized only one Society of Phlebology in its member countries and in 1991, at the Montreal World Congress, the SIFCS was recognized as the Society representing Italy.

Professor Mauro Bartolo left us with: i) compression studies; ii) the early mobilization of the patient; iii) the use of low-dose

sodium heparin as prophylaxis; iv) life-style and postural recommendations; v) neuro-dystonic pain; vi) detection of arterial spasm in phlegmasia alba dolens.

The three most important things in this period dominated by instrumental examinations were: i) the measurement of venous pressures by pocket Doppler; ii) predictions on the use of Doppler ultrasound, for which I will mention the famous sentence *Pocket*

*Doppler is the angiologist's phonendoscope*; and iii) clinical observation.

After hoary, useless and harmful disputes among the various Societies of Phlebology, eventually, in 1996, the Italian College of Phlebology was created to confederate the three most important Italian Societies of Phlebology: SIFCS, chaired by Claudio Allegra, SIFL, chaired by Azzenamancini, SIF chaired by Genovese.

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