Doctor, will the capillaries of the lower limbs recur?

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The purpose of this report is to try to give an answer to a question that patients almost always ask the Phlebologist before starting any treatment related to the lower limbs telangiectasias.

Given the complexity of the topic it is not possible to give an exact answer to an exact question. The problem is communicative rather than scientific, due to the absence of a bibliography on the specific question. We do not know any valuable scientific work on the prevention and recurrence of telangiectasias (TLA) of the lower limbs after treatments, whether sclerotherapy or laser or other. Furthermore, one must confront the difficulty of clinical documentation related to the results.

In terms of communication and marketing, it is assumed that in 98% of the questions the answer is *it depends*. Some concepts must be transferred from a purely medical field to a communicative field. In other words, it is necessary to circumstantiate the answer and contextualize it in every single case. Each patient is different, has a clinical history and a personal relationship with the reference phlebologist, who then has several technical and professional means available to respond to the need he is called to answer. By borrowing company-marketing terms every company is different. The product is different. The price is different. There are different customers with a different history around the brand. Above all, the CONTEXT within which the proposal is perceived is different. An answer, valid for everyone and containing the ready-to-use solution does not exist.

Marketing, by definition, is *experimentation*.[1] It is therefore a matter of making sense of that *it depends* which represents the most reliable answer to the initial question and this is obtained by seeking further information, presenting concrete experiences, declaring diagnostic-therapeutic ranges in order to give the best answer with the best means for the specific case.

It is essential to collect a correct anamnesis in the attempt to identify the majority of the causes of the TLA, trying to correct the most important. TLAs are a multifactorial pathology, in which the identification of the most probable causes plays a pre-eminent role in the prevention and reduction of recurrence.

For this purpose, in addition to the traditional classifications of TLAs,[2] an etiological-anatomic classification is proposed that is suitable for predicting the success rate of the therapies. Given that the results are not definitive, due to the multifactorial nature of the causes and their evolution over time, the patient's expectation must be limited to the amount of time in which the results are maintained. In communicative terms the patient must be given correct information. The results that make it possible to avoid the visibility of the capillaries treated for a reasonable period of time expressed in months or years should be considered positive, at a distance of one meter, under normal light conditions. The greater the topographic-etiological identification of the treated TLAs is, the greater the time of reappearance will be.

The anatomo-etiological classification is as follows: i) *feet, ankles, legs, popliteal muscle*: prevalent causes to be corrected, where altered, are the venous insufficiency C2, C3 and higher, local refluxes (a) and postural alterations (b); ii) *thigh*: prevalent causes are stasis panniculopathy (PEFS) (a) and hormone-receptor variables (b) (*i.e.* menopause).

The TLAs will then be initially divided into four categories, 1a, 1b, 2a, and 2b, on the basis of which the correction of the prevalent risk factor allows the reappearance to be stratified very simply, based on the etiological correction.

By identifying other minor causes and acting simultaneously on them, it will be possible to further expand the time for reappearance of the TLAs, in the same or in another location.

The conclusion is that in the patient a correct information about the time duration of the results produces satisfaction, the incorrect information produces illusion. The proposed anatomo-etiological classification facilitates the answer to the question, being easily modulated on the individual case and therefore facilitating a correction of the prevailing causes in order to reduce the reappearance of the TLA over time.[3]

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