

Editorial

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A recently published paper from Attilio Cavezzi has raised some interest in the medical community and it certainly deserves a careful read as it provides us with a lot of food for thought.¹

The paper starts with a general overview on the set of problems of modern medicine which too often shows a *reductionist* strategy. In fact, the current medical approach is based on the diagnostic/therapeutic approach to a patient's sole symptoms and signs, thus neglecting basic deranged pathophysiologic mechanism. A series of the so-defined *epigenetic factors* may deteriorate chronic diseases, such as venous and lymphatic diseases and many others.^{2,3} The most important nutrition and lifestyle epigenetic factors are obesity, high carbohydrates intake, low intake of natural anti-inflammatory compounds, sedentarism, hyperactivation of stress axes, excessive alcohol consumption, prolonged standing or sitting.³ The conventional vascular approach often neglects these relevant aspects, while maximum attention is devoted to *fashionable technologies and drugs*, very often uselessly expensive.

Actually, the author points out another big issue of modern medicine, especially addressing the tendency to propose an uninterrupted series of innovations, which are very often disconnected from any evaluation of cost-effectiveness. This tendency will lead to National Health Systems derangement. In the article it is passionately highlighted that *progress in medicine occurs when it brings an improvement of efficacy and safety of diagnostic/therapeutic procedures, in combination with an adequate (possibly better) cost-effectiveness profile*. And, again that *basically, any new treatment could be defined more or less effective/expensive in comparison to the available and comparable validated interventions*.

After this introduction, that has the only defect to be a little too long, the author lists a series of procedures representing very good examples of what he writes in his foreword. He starts from the most popular venous intervention: the varicose veins treatment. All the new procedures for varicose vein treatment, such as the thermal, mechanical, and chemical (glue and industrial sclerotherapy foam) techniques, are prevailing on less fashionable compression, hook phlebectomy, foam sclerotherapy and

catheter foam sclerotherapy. This occurs in spite of the fact that they are significantly more expensive and probably not justified when looking at cost-effectiveness. Furthermore, saphenous trunks are almost always treated, even when the Duplex examination suggests the possibility of a less extensive treatment, limited to the tributaries. In these cases, the high cost of new technologies is even less justified when a simple phlebectomy could be as clinically effective as a more extensive and expensive truncal treatment. Interestingly, Cavezzi reports an *estimated 60% increase of the number of varicose vein treatments, between 2013 and 2021*, and underlines that *this should also impose a reflection on the appropriateness of any therapy in the public health systems, possibly choosing inexpensive methods, also in view of the expected demographic changes in the years to come*.^{4,5}

A relevant part of the article is dedicated to cost-effectiveness analysis of several pharmacology- and technology-based approaches in phlebology and lymphology. More specifically, the treatments of perforating veins, *spider* and reticular veins, vein thrombosis and post-thrombotic syndrome, pelvic congestion syndrome, venous ulcers and lymphedema are thoroughly and objectively examined.

One major point which is highlighted in the article is what we could name an *insane* alliance between patients and doctors, regarding treatments and drugs. The patients are much happier to receive some form of treatment (drugs or procedures) than to force themselves to change their bad lifestyle taking care of all their possible health problems (the listed above epigenetic factors). This double-throw bond meets the reductionist attitude of many physicians, who are much happier to prescribe drugs or procedures instead of spending a lot of time and energies trying to convince their patients to take into account their general health.

Keeping in mind the increased lifespan, which does not correspond to an increased health span, medicine is facing an exponential increase of chronic degenerative diseases and disabilities, which will result in dramatic socio-economic problems. Similarly, this article may represent an occasion to reflect on the possible, or better necessary, needs and updates in our discipline. Overuse of drugs and technology, need of pharmacoeconomic assessment, choosing wisely in medical practice, improved transparency in biomedicine research, integrative and translational medicine, ineluctably represent all issues and opportunities to deal with, in the future

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diagnosis and treatment of venous and lymphatic diseases.

Cavezzi's paper represents an awaited and expected step forward in phlebology, which more generally elucidates a series of objective flaws and biases in medical research and practice. I personally hope that every reader will stop and reflect for a while, so to start to deeply think of the multiple and wise concepts so properly described by the Author.

A long series of sound evidence-based references (many of them probably unknown to vascular specialists) are reported throughout the article, so to corroborate the elaborations brought to the attention of medical community through this paper. Fundamentally, the author calls for a higher level of awareness and critical attitude both in patients and in doctors, in order to allow a sustainable, cost-effective, safe and comprehensive health management.

Even more important, all the colleagues sharing the vision of Dr. Cavezzi, should be stimulated to prove the correctness or to contrast his claims and reappraisals. In this way this paper could represent not the end but the starting point for a new medical research and practice, which could be more patient-centered; furthermore, many new studies could be performed proving or contrasting, when possible, this new vision of Medicine and, in particular of Phlebology. Our *Veins and Lymphatics* journal is ready to collect and publish all these studies.

References

1. Cavezzi A. Medicine and phlebology: time to change? *J Clin Med* 2020;9:4091.
2. Zamboni P. The contribution of extra cranial venous drainage to neuro-

- inflammation in multiple sclerosis; Chapter 29. In: Minagar A, ed. Neuroinflammation. Amsterdam: Elsevier; 2018.
3. Cavezzi A, Urso SU, Ambrosini L, et al. Lymphedema and nutrition: a review. *Veins and Lymphatics* 2019;8:8220.
 4. Mendoza E. Primum non nocere. *Veins and Lymphatics* 2017;6:6646.
 5. Zamboni P. 2016: The year of Phlebological Olympic Games. *Veins and Lymphatics* 2016;5:6249.

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