

Voici les deux préfaces introductives de ce précis de terminologie, l'une de l'auteur **Michel Perrin**, l'autre de son préfacier **Robert L. Kistner**.

Ces deux textes illustrent l'importance de cet ouvrage utile pour tous les praticiens de la phlébologie.

## WHY A GLOSSARY FOR PHLEBOLOGISTS?

Michel Perrin (Lyon, France)

The short answer is that we lacked a glossary, which is something the phlebology community needs. In reality, the idea started in 2008 when, with the fruitful and essential collaboration of my great friend Bo Eklöf (Sweden), we created a transatlantic consensus document on chronic venous disorders named VEIN-TERM.

This consensus document included thirty-three broadly used venous terms that are related to the management of chronic venous disorders of the lower extremities. In the literature on venous disease, there were discrepancies in the applicability and interpretation of these terms. The terms selected for inclusion in the VEIN-TERM consensus document were stratified into three different groups-clinical, physiological, and descriptive. To our knowledge, thirteen of the terms had never been defined previously in the venous literature.

My disciple in deep venous reconstructive surgery, Oscar Maleti (Italy), was enthusiastic about this very important project and was happy to join us in producing a glossary for phlebologists covering both acute and chronic venous disease. He agreed to revise the list of terms and their definitions with Bo and to be in charge of the illustrations and figures.

One of the difficulties of this project was deciding how to build the glossary. I first selected about 1000 terms to be defined, limiting the topic to anatomy, pathology, physiology, and pathophysiology affecting the upper and lower limbs, including the pelvis, in acute and chronic venous disease.

The letters were divided into six groups, which each contained around 130 to 170 terms.

For each group of terms, a team of four specialists was appointed to work on the definitions, and a leader was selected to head the group and to distribute the terms among the team members. Each group also contained at least one native English speaker.

Servier supported the entire project without intervening in the definitions provided by the teams of specialists. In addition, Servier also agreed to translate the English terms into six other languages – French, German, Italian, Portuguese, Russian, and Spanish.

An electronic version will also be made available, and the glossary will be updated regularly.

I must also thank **the Servier team** for its help, particularly **Françoise Pitsch**, who, from the beginning, heartily supported the project, and **Marie Claire Rettori**, who organized the planning of the glossary with her usual efficiency and who facilitated my task.

Furthermore, I am particularly happy and proud that **Robert Kistner** (Hawaii, USA) wrote the foreword for this glossary. I sincerely believe that the glossary will be very useful for all scientists involved in phlebology.

It has been a tremendous adventure and I would like to thank all the participants for their constant support and help.

## FOREWORD FOR GLOSSARY 2020

Robert L. KISTNER, MD (Hawai, USA)

Basic to the growth of knowledge about a given subject is the common understanding of the meaning of those words that express fundamentals and new developments in its sphere. In medicine, where the working field of knowledge involves the whole world, the need for accuracy and precision in its terminology is further compounded.

The qualities needed to produce an authoritative compilation of this nature include the input of specialists from all aspects of the subject into a central site where this information is critically organized and vetted in one common language, and subsequently translated into other languages to assure an accurate understanding in disparate tongues.

**This glossary is ideally organized to fulfill these requirements by its authors and editors who prove the expertise necessary for authoritative accuracy and the energy to influence contributors from around the world.**

The editors are world-traveling educators whose mission has been to understand venous practice in its many applications in foreign lands and to spread the rapid development of new “facts” from one source to another, always seeking the truly true “truth.”

**The task is huge and the details enormous, with the reward for this effort mainly in the satisfaction of having provided a service for a basic need for those who wish to understand the subject itself.**

This publication is an example of the support from industry to enable leading professionals to produce another valuable contribution to the practitioners who are treating patients.

A glossary provides the meaning of terms at a specific point in time. It can be expected that the understanding of disease and the effects of treatment will progress over time.

There will be changes, even in the meaning of the terms, and so the glossary is the beginning of a dynamic process that will invite future reanalysis.

**Without the statement of the present-day status, it is difficult to chronicle changes or to recognize the need to reexamine previously announced principles.**

Over time, the understanding of venous physiology gains depth from explorations of cellular and molecular reactions.

This understanding establishes the position and integrity (or lack thereof) of the venous valves, the subtle changes that activate the inflammatory cascade with and without the addition of events, such as local trauma or infection, the deleterious effect of venous reflux when combined with edema, the probable basic hereditary factors that render some individuals more susceptible to the development of venous dysfunction, and to name some of the complexities that need ongoing clarification.

As the list of improvements becomes longer, the need to codify the terminology becomes greater, as this will be useful for achieving an understanding between authorities in different institutions and countries around the world.

This work provides a needed resource to improve the communication in phlebology and venous vascular surgery for physicians and researchers around the world.

It is destined to become an important part of the library for all who are interested in understanding the emerging field of venous physiology and its multiple associations with basic science and clinical developments.

**We can thank Professors Perrin, Eklöf, and Maleti for donating their time, talent, and expertise to undertake the task of realizing this glossary.**

Voici à titre d'exemples quelques captures de pages du VEIN GLOSSARY illustrant la richesse de cet ouvrage traduit en 6 langues.

## THE VEIN GLOSSARY

With index in:  
French  
German  
Italian  
Portuguese  
Russian  
Spanish

Michel Perrin  
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DEFINITIONS

**Axial vein**  
Primitive vein of the thigh present in the embryo between 7 and 13 postovulatory weeks. It is located along the sciatic nerve and may persist in adults in 12% of cases, producing an axillofemoral trunk, which may be the only axis of the thigh (single-vein configuration) or may produce a duplicated femoral vein (two-vein configuration).

**Axillary vein**  
Deep vein of the upper limb. It begins at the lower border of the teres major muscle where the paired brachial veins join the basilic vein, and it ends at the outer border of the first rib, becoming the subclavian vein after receiving the cephalic vein. It is a collected vein with the valves usually located proximal to the junction with the brachial and cephalic veins. *See Figure 8.*

**Axillary vein transfer or transplantation**  
Insertion of a segment of a competent valved vein in the incompetent deep venous network to address deep venous reflux in patients with severe postthrombotic syndrome. The site of the axillary vein is best suited for transfer to the femoral vein, while the brachial vein can be used in a small earlier proximal vein. TAHERI and RAJU described the first axillary vein transfer.

**Axillo-subclavian vein thrombosis**  
A deep vein thrombosis of the upper arm that involves both the subclavian and axillary veins. It can occur in people who repeatedly use their arm in a raised position, especially young athletes, and people whose work involves repetitive use of the upper arm, but also in people with a central venous catheter in the subclavian vein, pacemaker, defibrillator, or a thoracic outlet syndrome. Also called PAGES or SCROTIER syndrome.

**Azygos continuation of the inferior vena cava**  
An anastomosis arising primarily that leads to a dilated azygos vein. The hepatic segment of the inferior vena cava is absent and the hepatic vein join and drain directly into the right atrium. Its prevalence is estimated to be 1.5%. In most cases, it is found incidentally in asymptomatic patients. Also known as the absence of the hepatic segment of the inferior vena cava with azygos continuation.

**Azygos system**  
Located in the mediastinum and comprises of two veins each coming from two abdominal roots along the vertebral column—the great azygos vein and the small azygos vein. The azygos system mainly drains the posterior wall of the thorax. It constitutes an anastomosis between the lower and upper caval systems.

**Azygos veins**  
The great azygos vein on the right drains through an arch into the superior vena cava at the fourth thoracic vertebra. The small azygos vein, composed of two hemo-azygos veins, joins the great azygos at the sixth thoracic vertebra. Both azygos veins are fed by the intercostal veins and are connected to the vertebral venous plexus.

TERMS IN OTHER LANGUAGES - FRENCH

FR	EN
Distorsion veineuse primitive aux thromboses Vein Axial	• Spontaneous vein primary obstruction. <i>See axillofemoral vein vein lesion</i>
veine axillaire	• Deep venous obstruction
Distorsion veineuse primitive	• Vein occlusion. <i>See venous occlusion</i>
Distorsion d'une veine Vein Occlusion veineuse	• Vein occlusion
Distorsion de la veine axillaire	• Vein occlusion
Distorsion veineuse	• Vein occlusion
Distorsion veineuse primitive	• Vein occlusion
Edème d'origine veineuse (thrombotique)	• Venous edema (thrombotic)
Edème veineux	• Occipital vein swelling
Edème Vein (Edème d'origine veineuse) (thrombotique)	• Edema. <i>See venous edema</i>
Œil égyptien	• Egyptian eye
Œil égyptien Vein Œil égyptien	• Egyptian eye. <i>See Egyptian eye</i>
Œil de l'éthiopienne	• Ethiopian eye
Œil de l'éthiopienne	• Eye swelling
Œil de l'éthiopienne	• Egyptian eye treatment for therapy of venous edema
Oxyphlébotomie hyperbare des veines veineux	• Oxygen hyperbaric treatment of venous edema
Oxyphlébotomie hyperbare en cas d'œdème veineux	• Oxygen hyperbaric treatment of venous edema
Patch en polydiméthacrylate pour éviter la réocclusion	• Polydimethylacrylate patch for preventing reocclusion
Pathologie des veines	• Venous pathogenesis
Patent C <sub>6</sub>	• C <sub>6</sub> patent
Patent C <sub>7</sub>	• Patent C <sub>7</sub>
Patent C <sub>8</sub>	• Patent C <sub>8</sub>
Patent C <sub>9</sub>	• Patent C <sub>9</sub>
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Patent C <sub>48</sub>	• Patent C <sub>48</sub>
Patent C <sub>49</sub>	• Patent C <sub>49</sub>
Patent C <sub>50</sub>	• Patent C <sub>50</sub>



