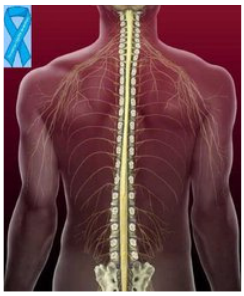

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Note di Ccsvi Transverse Myelitis

Segnala

Dr Sclafani's view on German and Swedish studies on CCSVI (posted in ThisisMS forum)

Scrivi una nota

di Ccsvi Transverse Myelitis pubblicato mercoledì 11 agosto 2010 alle ore 12.38

Dr Sclafani has kindly answered to the following question I posted him in thisisMS fourm:

Dear Dr Sclafani,

Have you read the German and Swedish studies re Chronic Cerebrospinal Venous Insufficiency commented in the Wall Street Journal?

http://online.wsj.com/article/SB10001424052748703787904575403160155710380.html

Did these studies use the doppler ultrasound with the right protocols?

Rox

Dr Sclafani's response

11 August, 2010

It is regretful that Drs. Doepp and co-authors' attempt to reproduce Professor Zamboni's discovery of a link between multiple sclerosis and disturbance of the outflow veins of the brain and spine has been unsuccessful.

It is particularly unfortunate that the authors' misunderstanding of Dr. Zamboni's publications about this subject have led to their conclusions that "No cerebrocervical venous congestion in patients with multiple sclerosis" exists

The authors mis-state several of the criteria for a positive ultrasound examination. They state that reflux must be present in both internal jugular veins or both vertebral veins. This is not accurate. Reflux in any one of these veins was considered a positive criteria by Zamboni.

It appears to me that Dr Doepp and colleagues have tried to elicit reflux by testing for incompetent valves in the lower jugular vein. Incompetent valves result in reversal of blood flow from the heart back up into the jugular veins. They used the Valsalva maneurer, a technique to increase pressure in the chest that reverses blood flow. However, Zamboni explicitly states that one should assess flow "never in (by) a forced condition such as the Valsalva manoeuvre."

That the authors' attempts were unsuccessful is not surprising. The ultrasound examination used by Zamboni is a simple one but the description of the technique has not been fully elaborated in his papers. Thus performance of the ultrasound by some investigators is often at variance and this may lead to differences of results. At my own institution, we were surprised that non-invasive testing by ultrasound did not correlate with the very obvious obstructive phenomena seen on catheter venography, which remains the Gold Standard of assessing veins. We also had difficulty identifying CCSVI on ultrasound, initially using the Valsalva maneuver during out testing. In fact we were able to find an obstruction in only one patient of twenty. It was only after being shown how to correctly perform this simple screening test by the Zamboni team during a visit to Ferrara, that we have become facile in detecting these abnormalities. It is clear that there is a learning curve to the use of this technique.

Nor does this paper refute the concept of CCSVI. Doppler ultrasound is only a screening test for CCSVI. When Doppler shows signs of CCSVI, the gold standard test of catheter venography is indicated to detect the sites of potential obstruction.

Doppler is not the definitive test of CCSVI because it cannot assess the azygous vein, an important contributor to cerebrspinal venous outflow resistance. Catheter venographies routinely show evidence of outflow obstructions. Sluggish flow, reversal of flow, extensive collateral veins, strictures, duplications, reversed valves, thickened incompletely opening valves and misplaced valves are among the many abnormalities seen in MS patients that we never see in patients without MS.

The paper by Sundstrom and coauthors similarly rejected the CCSVI hypothesis by performing MR venograms and flow quantification in the neck. MR venography is suboptimal as a screening test because it underestimates and overestimates stenoses quite regularly.

One can see from their illustrations two MRV images. It is noteworthy that neither image shows the portion of the jugular vein where lesions causing flow resistance are usually found: behind the clavicle as the vessel enters the chest. Both images show considerable collateral vasculature suggestive of CCSVI. Moreover the image on the right on page 258 purports to show a stenosis with an arrow. It is well known that most of the narrowings referred to by the white arrow are a common transient, non-stenotic narrowing caused by a true narrowing below the clavicle. Catheter venography shows abnormalities that cannot be detected by MRV.

I was struck by the rapidity of publication of both articles. Surprising! Both papers were accepted within six weeks. I have never had such rapid decision, editing and publication of any of my more than 120 publications.

This debate is going to be a challenging one. One side wants randomized prospective trials to prove efficacy.

However while many proceduralists have noted sometimes impressive gains for patients,

Chat (offline)

these proceduralists need to evaluate nuances of techniques before consensus can be built regarding the best approach to therapy. Only then can intelligent, carefully designed randomized prospective trials begin. Some who commonly perform randomized trials will try to reduce the work of those who will try to develop the best practices because they are not randomized. However, in my view this is a necessary initial step toward the final trials.

Condividi

A 8 persone piace questo elemento.

Arne Kaminsky ..what a lovely & smart guy!!! Arne - German born woman;)
5 ore fa · Contrassegna

Dawn Skinner so glad he pointed out how quickly these results were compiled and published... it sounded fishy to me when I read the german study that they were able to edit and publish so fast, you have to wonder how that was possible.
42 minuti fa · Contrassegna

Ccsvi Transverse Myelitis it is very fishy indeed, I wonder who were the editors of these papers. The editor is responsible that all the 'rigourous academic' steps are followed to accept reviewer's reports and revisions. Six weeks gives no time to do a propper review for a journal publication.
37 minuti fa · 2 persone · Contrassegna