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## **The role of sclerotherapy as a medical treatment beyond cosmetic uses**

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Dear Editor,

We read with great interest the recent review by Nicolò Barabino, titled " Sclerotherapy of great saphenous vein: a state-of-the-art review and new perspectives".<sup>1</sup>

The authors provide a compelling argument for the standardization of Ultrasound-Guided Foam Sclerotherapy (UGFS) and rightly emphasize the need to prioritize patient-reported outcomes over mere anatomical ablation rates.

We wish to expand upon this discourse by addressing a critical socio-professional challenge: the widespread misconception of sclerotherapy as a purely cosmetic intervention.

As Barabino highlights, sclerotherapy - particularly with the advancement of detergent sclerosants - is a fundamental tool for managing Great Saphenous Vein (GSV) incompetence. However, in the era of "medical influencers" and social media-driven health literacy, the line between therapeutic intervention and aesthetic enhancement has become dangerously blurred. Data suggests that up to 46.6% of online content regarding disease nomenclature is generated by commercial entities, often promoting unrealistic expectations and framing venous treatments as simple "beauty fixes".<sup>2</sup>

It is imperative to reaffirm that sclerotherapy is a medical treatment for a chronic pathology. According to the World Medical Association, aesthetic treatments are performed for non-therapeutic reasons on healthy individuals.<sup>3</sup> In contrast, telangiectasias and reticular veins (C1 in the CEAP classification) represent the first clinical stage of Chronic Venous Disease (CVD).<sup>4</sup> Whether we are treating a C1 patient or a C6 venous ulcer, the underlying goal remains the same: improving hemodynamic alterations, symptom relief (pain, heaviness, oedema), and preventing disease progression.

Furthermore, the "non-cosmetic" nature of this procedure is underscored by its potential, albeit rare, systemic complications.<sup>5</sup> From telangiectatic matting and hemosiderin hyperpigmentation to serious events like Deep Vein Thrombosis (DVT) or neurological symptoms in patients with a Patent Foramen Ovale (PFO), the risk profile is that of a medical procedure, not a beauty salon service.

As Barabino *et al.* advocate for a "new perspective" in comparing UGFS with Endovenous Thermal Ablation (EVTA), we suggest that this perspective must also include a strong educational framework. We should look to models like the Italian Phlebology Association (AFI), whose informed consent protocols explicitly define the medical context of CVD.<sup>6</sup> By educating patients that they are engaging in the management of a chronic condition rather than a cosmetic "clearance," we align with Barabino's call for personalized patient-centered care.

In conclusion, acknowledging sclerotherapy as a medical necessity is essential for maintaining professional standards and ensuring that patient expectations are rooted in clinical reality rather than social media trends.

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