

# Book Reviews

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## Multiple Sclerosis & CCSVI

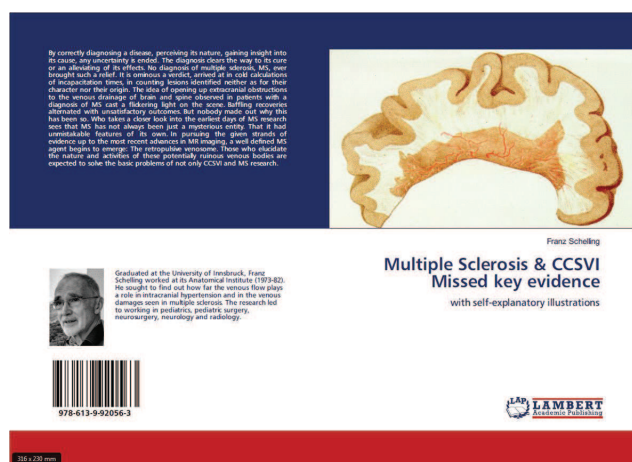
### Missed Key Evidence

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*Multiple Sclerosis & CCSVI. Missed Key Evidence with self-explanatory illustrations.*

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It was quite an exceptional and challenging task but I have never had such unique experience to read about multiple sclerosis (MS) as 'always wanted to know but afraid to ask!'

This is a monumental summary for such myth-embedded MS, no one ever clarified sufficiently so far as I know of, I once again confirmed.

Although he wrote this manuscript in an 'essay' style, adding much of his personal opinion/feeling on current status of MS, unfairly governed by the neurologists, with full of despair, his review on the MS from CCSVI point of view is logically impeccable with no doubt.

One of few interesting highlights in his summary is he also shared same hemodynamic interpretation on the reflux versus obstruction in the peripheral venous system.

Indeed, this manuscript gave me an eye-opening opportunity to learn what I do not know about MS - MS has a higher prevalence as coexisting condition with the venous malformation- and further what I should know more about MS, clarifying much of confusion/misunderstanding on 'undeniable' relationships between MS and CCSVI.

## References

1) Schelling F. Multiple Sclerosis & CCSVI. Missed Key Evidence. With self-explanatory illustrations. Beau Bassin, Mauritius: LAP Lambert Academic Publishing, 2018. ISBN: 978-613-9-92056-3.

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## The CTG Compression Therapy

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### Consensus Conference on Compression Therapy

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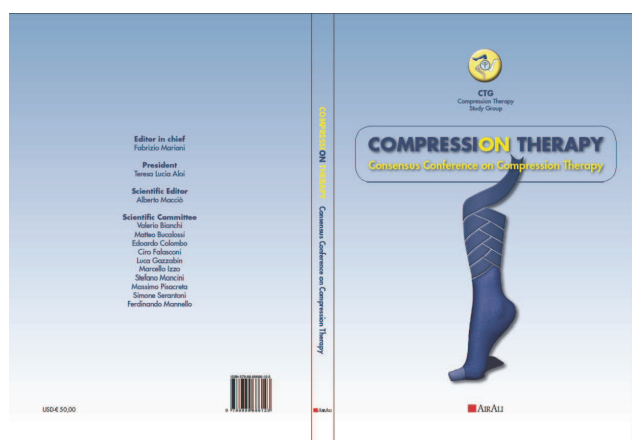
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*Compression Therapy Study Group (CTG). Compression Therapy. Consensus Conference on Compression Therapy.*

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The Compression Therapy Group (CTG) released in Sep 2018 a comprehensive report of the 3<sup>rd</sup> Consensus Conference on Compression Therapy<sup>1</sup> in phlebo-lymphology, with the aim of unifying the evidence based knowledge with the daily clinical practice. The book is organized in several sections, which authoritatively guide the reader into the apparent complexity of compression.

History of compression starts in the prehistorian age, while compression develops in parallel with the knowledge of venous diseases. The historian chapter contains a lot of precious details about forgotten authors of the past as

well as of the modern era and describes also the birth of compression industries and patents.

Bandages were known since the ancient age, while the elastic stockings were born just in the middle XIX century. An interesting paragraph tells us the history of the textile fibres and how they evolved into the materials used today.

A thorough attention is given to the pathophysiology of compression and to its biophysical properties like elasticity, hysteresis and extensibility. Pressure of bandages is different during muscle contraction (working pressure) or at rest (resting pressure) and applying a bandage it's necessary to take into account its elasticity. The classification follows several national standards, between them the German **RAL-GZ 387** and the English **BS 7505:1995**. Anyway, the practical behaviour of a bandage depends strongly on the application technique, which has its learning curve.

A current issue, which captures today the attention of several manufacturers, is the *in vivo* measurement of compression of bandages as well as compression stockings. Another actual debate about the advantages of progressive vs. graduated compression stockings is thoroughly treated together with the available evidences.

The Consensus deals also with the use of compression in several pathological conditions. Limiting to vascular surgery, interventions can be classified according to their

thromboembolic risk (low, score 0; medium, score 1; high, score 2) and to the need of a compression device for thrombosis prevention. For instance, superficial venous surgery has a 0 score, while open aortic surgery a 2 score.

However, in superficial venous surgery compression is used generally to reduce pain and to improve aesthetic results as well as quality of life (QoL).

As regards lymph diseases, compression is not only a mandatory therapeutic resource in clinical practice, but enters in the definition of the complex decongestive therapy (CDT), which uses stockings, bandages and intermittent pneumatic compression (IPC).

Interestingly, preliminary data and hypotheses are presented about the role of biochemical changes after compression in venous and lymphatic diseases. Though the study is just in a preliminary way, these suggestions open to a new promising point of view in research.

In conclusion, the CTG Consensus is a comprehensive report about the role of compression in all its variegated forms, as a successful tool in vascular daily practice.

## References

1) CTG Compression Therapy Study Group. Compression Therapy. Consensus Conference on Compression Therapy. Poggibonsi (Siena, Italy): AIRALI srl, Sep 2018.

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