COMMENT TO SAFETY AN EFFICACY OF VENOPLASTY IN MS:

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Conflict of interest: none

My experience wasn't promoted through social media, but my papers and presentations in international conference received an international diffusion: ISNVD conference, Italian Society of Otorhinolaryngology, SIR conference, International Conference on Meniere's Disease.

1) The results of my experience were evaluated only by ENT evaluation before and after PTA with a Committee on Hearing and Equilibrium guide-lines during and after 24 months' follow-up
2) In my experience the patients received three different diagnosis: Ultrasonography, MRV and Phlebography and the diagnosis were confirmed in all .
3) The patients that underwent PTA didn't have any benefits from any other therapies.
4) About Your Procedures and mainly for venography I have some questions: A) You don't describe the material your radiologists employed. B) The criteria to determine the stenosis was very reductive so to affirm the presence of stenosis: only when you observe a > 50% narrowing of any of the 3 veins; but as guide line of J.V.I.R. (b) described, that I followed for my patients, it is necessary also to evaluate the empty time and reflux of the blood in the Internal Jugular Veins and Azygos Vein; the presence of intrinsic lesions, the presence of collateral veins with empty time of the blood more fast of the jugular veins or the azygos vein.
   I haven't found the diameter of balloons employed and inflation time, in my opinion too brief. I inflate the balloon for 120 seconds and sometimes repeated venoplasty after persistent narrowing (b-c).
5) About adverse events: I had no mayor AE in all patients and only in five cases minor AE treated with conservative therapy 8C).
6) **So I can affirm PTA of Intern Jugulae Veins and Azygos vein is sure and risk of adverse events is low.**

.a) A.L.Traboulsee,MD,L. Machan: Safety and efficacy of venoplasty in MS A randomized, double-blind, sham-controlled, phase II trial. Neurology® 2018;00:1-9. doi:10.1212/WNL.0000000000006423

b) Zivadinov R, Bastianello S, Dake MD, et al. Recommendations for multimodal noninvasive and invasive screening for detection of extrac- ranial venous abnormalities indicative of chronic cerebrospinal venous insufficiency: a position statement of the international society for neuro

c) Bruno A. md, Napolitano M. mdThe Prevalence of Chronic Cerebrospinal Venous Insufficiencyin Meniere Disease: 24-Month Follow-up after Angioplasty J Vasc Interv Radiol 2017; 28:388–391

d)Spencer et al. Vascular pathology in multiple sclerosis: reframing pathogenesis around the blood-brain barrie J. Neurol. Neurosur.Psychiatry 2017; 1-11)

e)Zamboni: Neuroinflammation. DOI: https://doi.org/10.1016/B978-0-12-811709-5.00036-3

f) P. Bavera: Acta Phlebologica 2018 August;19(2):47-8 DOI: 10.23736/S1593-232X.18.00416-2