

**Department of Surgery**  
**2026 Research Day**  
**6<sup>th</sup> May 2026 (Wednesday) | 7 am – Noon | MART Auditorium**

**Title:**

Patterns of Sartorial Vein Plexus Pathology and Clinical Outcomes of Treatment

**Author(s) and Affiliations:**

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**Background:**

Sartorial venous plexus pathology refers to dilation, reflux or variation of a superficial intermuscular venous network typically located along or around the sartorius muscle within the medial thigh fascial plane. Reflux involving veins in this area has not been investigated. This study was designed to determine the patterns of reflux and to assess clinical outcomes of treatment in patients with this particular pathology

**Methods:**

Consecutive patients with reflux in the sartorial area were detected with duplex ultrasound. The patients' clinical characteristics, patterns and extent of reflux were recorded in detail. Treatment was performed with ligation, phlebectomies and ultrasound-guided foam sclerotherapy. Follow-up was performed with both clinical examination and ultrasound. Subsequent treatments were noted. All patients had a minimum 1-year follow-up.

**Results (or Preliminary Results):**

The prevalence of sartorial reflux was 0.46% (32/6,950). Of these patients 22 were included in the study (14 females and 8 males; median age, 49 years), while 10 were excluded due to treatment refusal (n=4) or insufficient follow-up (n=6). The CEAP clinical classification ranged from C2 to C4, with 59% presenting as C2, 32% as C3, and 9% as C4. Symptoms were present in 18 patients while 4 were treated for aesthetic reasons. Reflux in continuity with the deep veins (femoral, popliteal and calf) was identified in 6 patients, while 16 patients with superficial veins (GSV, SSV, or their tributaries). Patients were followed for 12–24 months (mean, 21 months). After treatment, residual reflux was found in 6 patients, while recurrence was found in 5. Development of new disease occurred in 3 patients. After treating the sartorial reflux and associated tributaries, the deep vein reflux was eliminated in 4 out of the 6 patients and in all 4 of those who had GSV or SSV reflux. Complications included two cases of focal superficial venous thrombosis, one case of self-resolving hematoma and one case of skin discoloration. Reinterventions were performed in 9 of the 11 patients with residual or recurrent disease. At one-year follow-up, 18 patients had C0-1, 1 had C2, 1 had C3 and 2 C4 and only 2 patients had symptoms.

**Conclusions (or Preliminary Conclusions):**

Veins in the sartorial area can cause variable clinical presentation. Detection of such reflux is important as it can be misdiagnosed for saphenous reflux. Ultrasound-guided sclerotherapy and phlebectomies are effective options for treatment