Table XXXXI.

Operative procedure	Reference *Abstracts corresponding to references can be found using the listing "RCTs by alphabetical order" or "RCTs by topic."*	Summary
Stenting *versus* Conservative treatment in chronic iliac vein obliteration	Rossi FH, Kambara AM, Izukawa NM, Rodrigues TO, Rossi CB, Sousa AG, Metzger PB, Thorpe PE. Randomized double-blinded study comparing medical treatment versus iliac vein stenting in chronic venous disease. *JVS V&L*. 2018;6:183-191.	51 Patients presenting an iliac vein obliteration (IV0) > 50% identified by IVUS with Clinical, Etiology, Anatomy, and Pathophysiology clinical class C3 to C6 and a visual analog scale for pain (VAS pain) score >3 and were randomized in 2 groups. **Group I** (26) stenting **Group II** (25) Medical treatment. No significant differences were found between treatment groups **Results.** The median follow-up was 11.8 months (range, 6-18 months). In Group I Primary, assisted primary, and secondary patency rates were 92%, 96%, and 100 respectively. <u>At 6 months follow- up.</u> *Mean VAS pain* score declined from a median in. Group I from 8 to 2.5. Group II from 8 to 7. (P < 0.001). *Venous Clinical Severity Score* dropped from a median in Group I from 18.5 to 11 Group II from 15 to 14 (P < 0.001). *36-Item Short Form Health Survey (0-100)* improved from a total median score in Group I from 53.9 to 85.0 Group II from 48.3 to 59.8. (P < 0.001). **Conclusion** Endovascular treatment of IVO with stenting is safe and promotes effective relief of symptoms and improvement in quality of life compared with medical treatment alone in symptomatic patients.