

Relationship between Compression and Intramuscular Pressure **Compression paradox**

J.F Uhl, J.P Benigni, A. Cornu-Thenard

J. Fournier, E.Blin

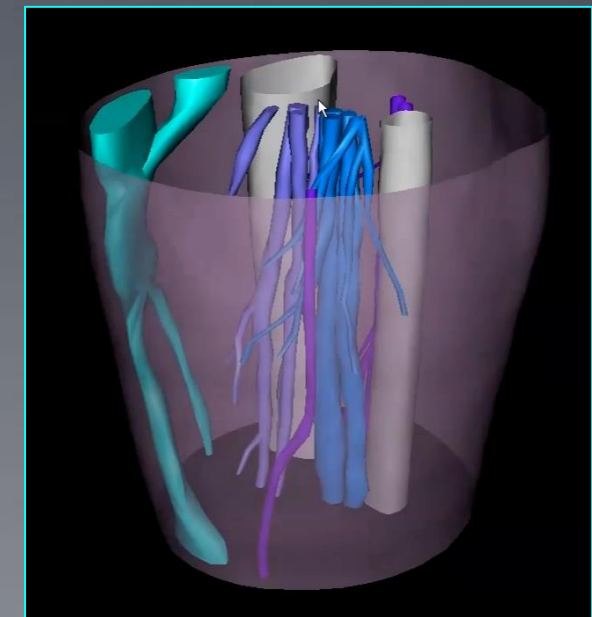
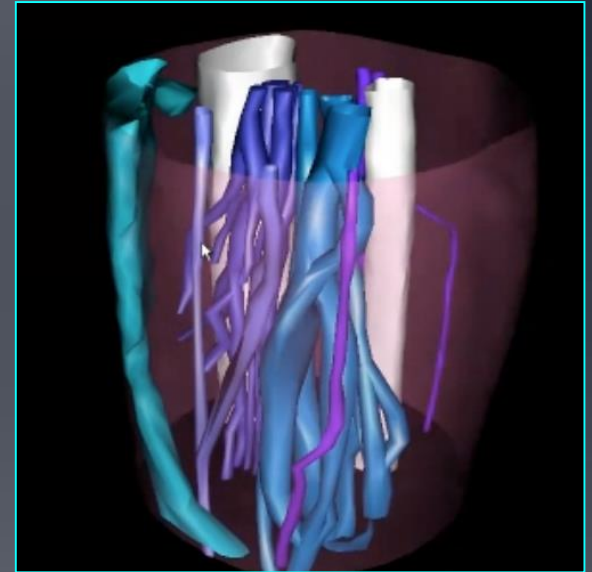
No conflict of interest to declare



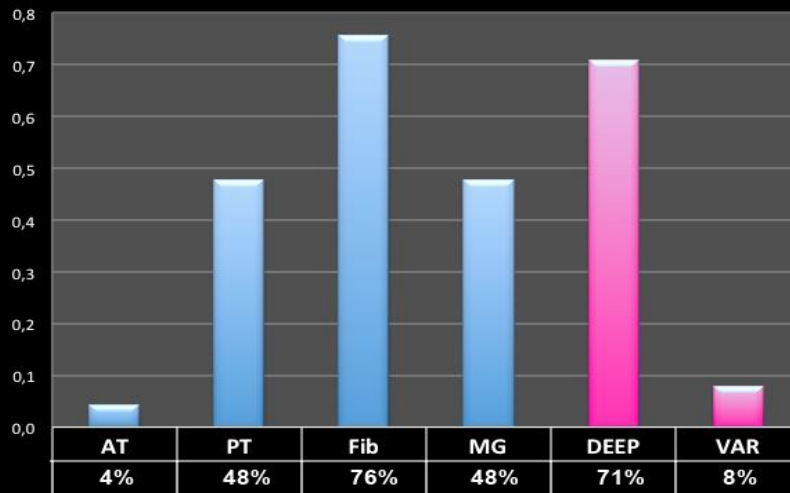
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Background : paradox of compression

Partsch et al , Uhl et al showed by **MRI** and 3D venous quantification* that, in the **standing position** a MCS of **22 mm Hg** significantly reduced the caliber of deep calf veins but, paradoxically did not affect superficial varicose veins.



Reduction of vein volume (%) due to compression



OBJECTIVES

- ✓ To solve this paradox by measuring the pressure in the muscular compartment (IMP) under a stiff compression device with several interface pressures (IP)
- ✓ To compare these results with the literature assessing the efficacy of both elastic & inelastic devices.

MATERIAL & METHODS

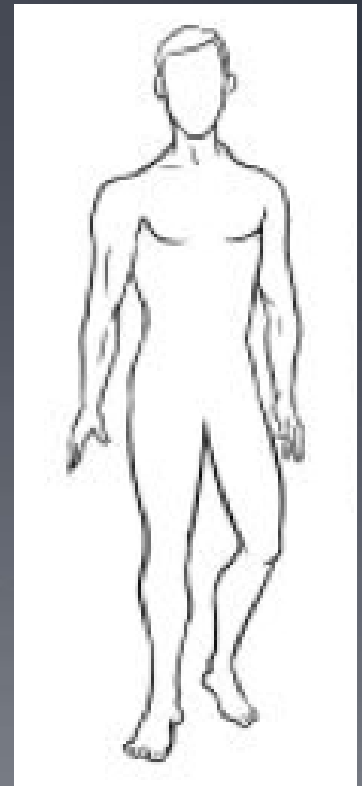
In **10 legs** of healthy adults we studied:

- The intra-muscular pressure (IMP) of the medial gastrocnemius measured with a **21 G needle** connected to a manometer (Stryker® quick pressure monitor)



MATERIAL & METHODS

- In **prone** (at rest) and **standing** positions
- In **standing position**, the weight of the body was on the other leg, the tip of the foot of the studied leg lightly resting on the ground..



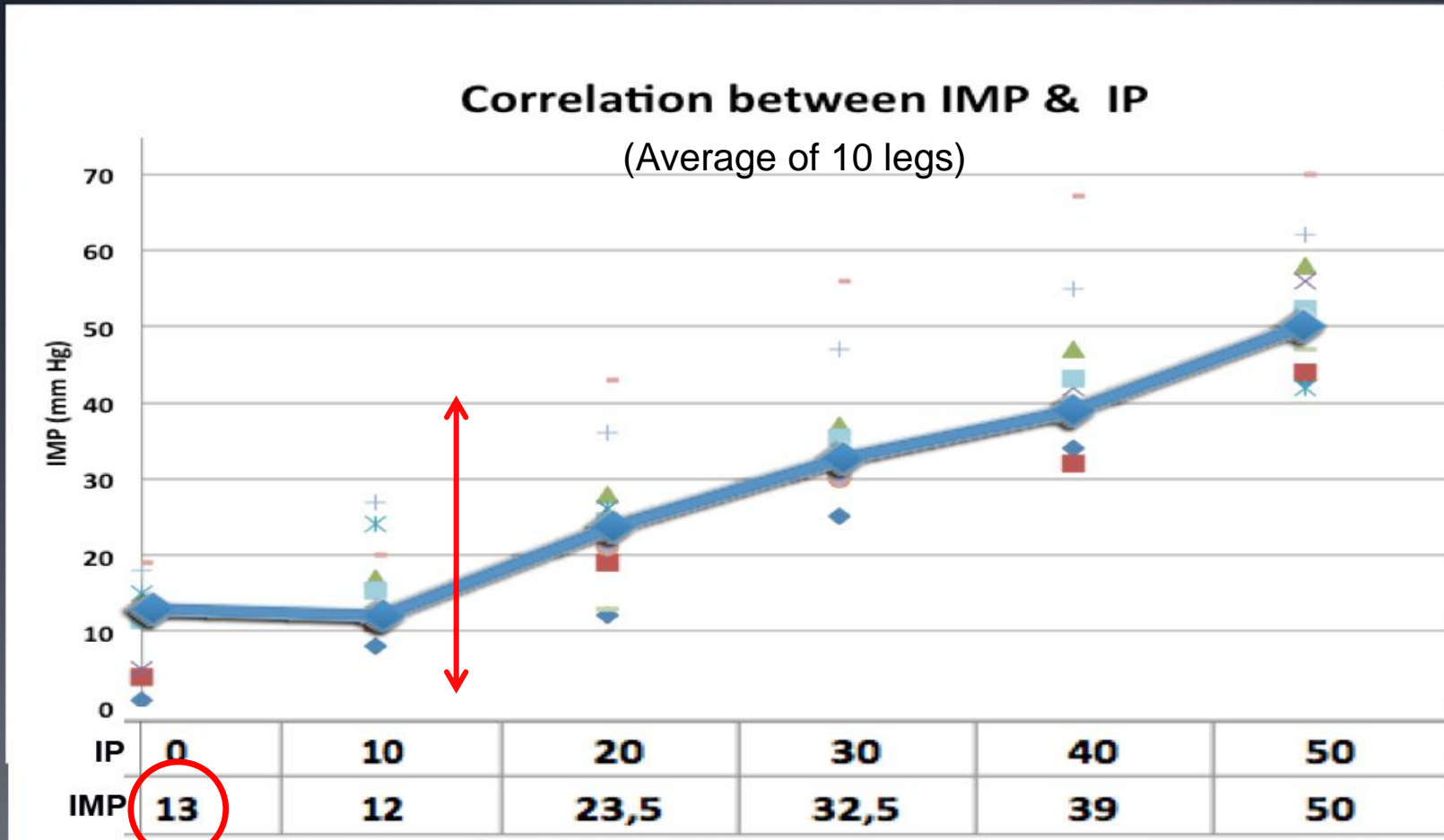
MATERIAL & METHODS

-The external pressure was exerted by a blood pressure cuff inflated at 0, 10, 20, 30, 40 and 50 mmHg and verified by a probe*

* *The Interface pressure (IP) was checked with a Kikuhime® device (small probe)*



RESULTS at rest (lying)

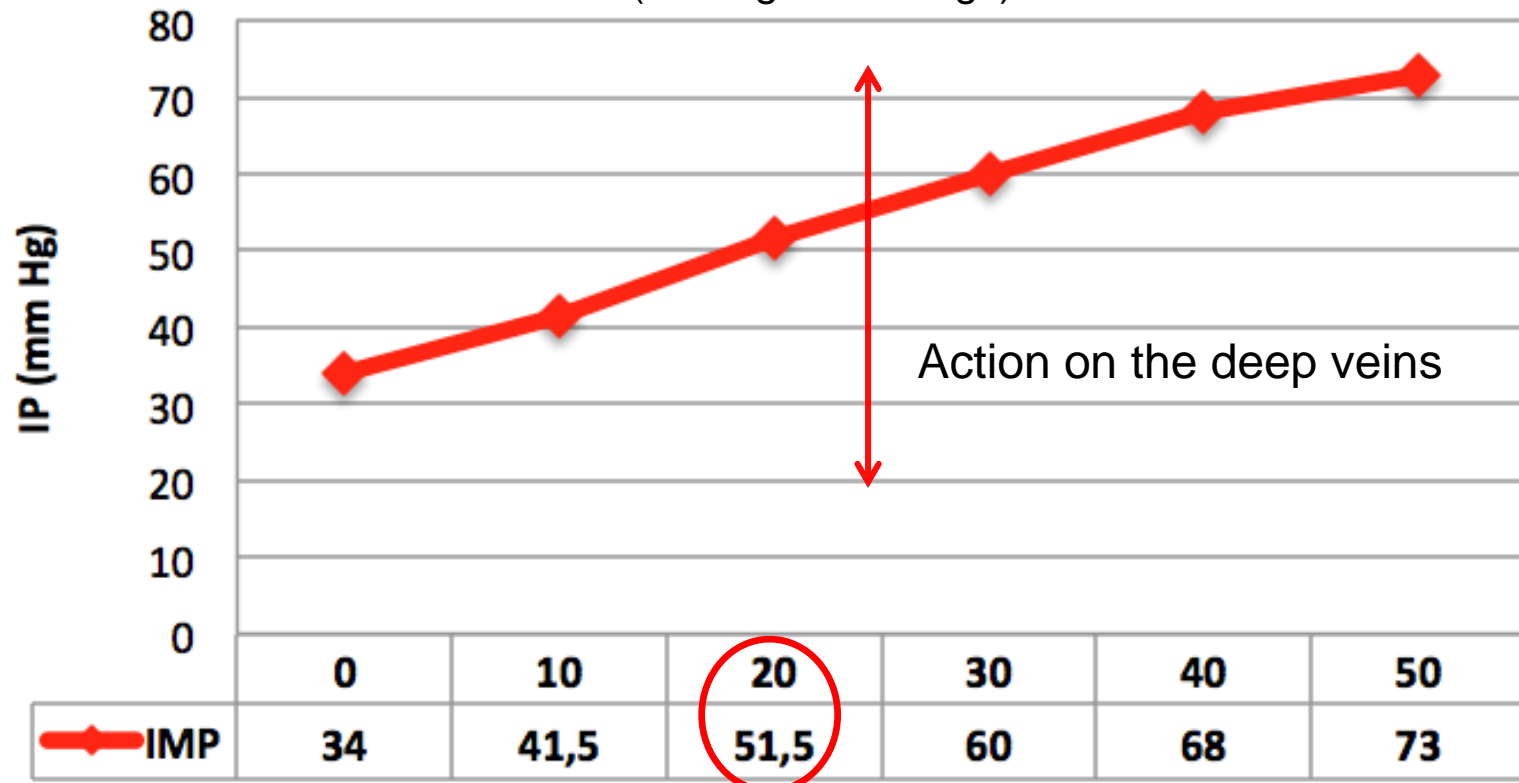


In ventral lying position, an IP < 20 mmHg (red arrow) did not significantly change IMP (median pressure = 13 mmHg with no IP). On the contrary, a perfect linear correlation with the IMP ($r=0.92$) was observed from an IP of 20 mmHg to 50 mmHg.

RESULTS

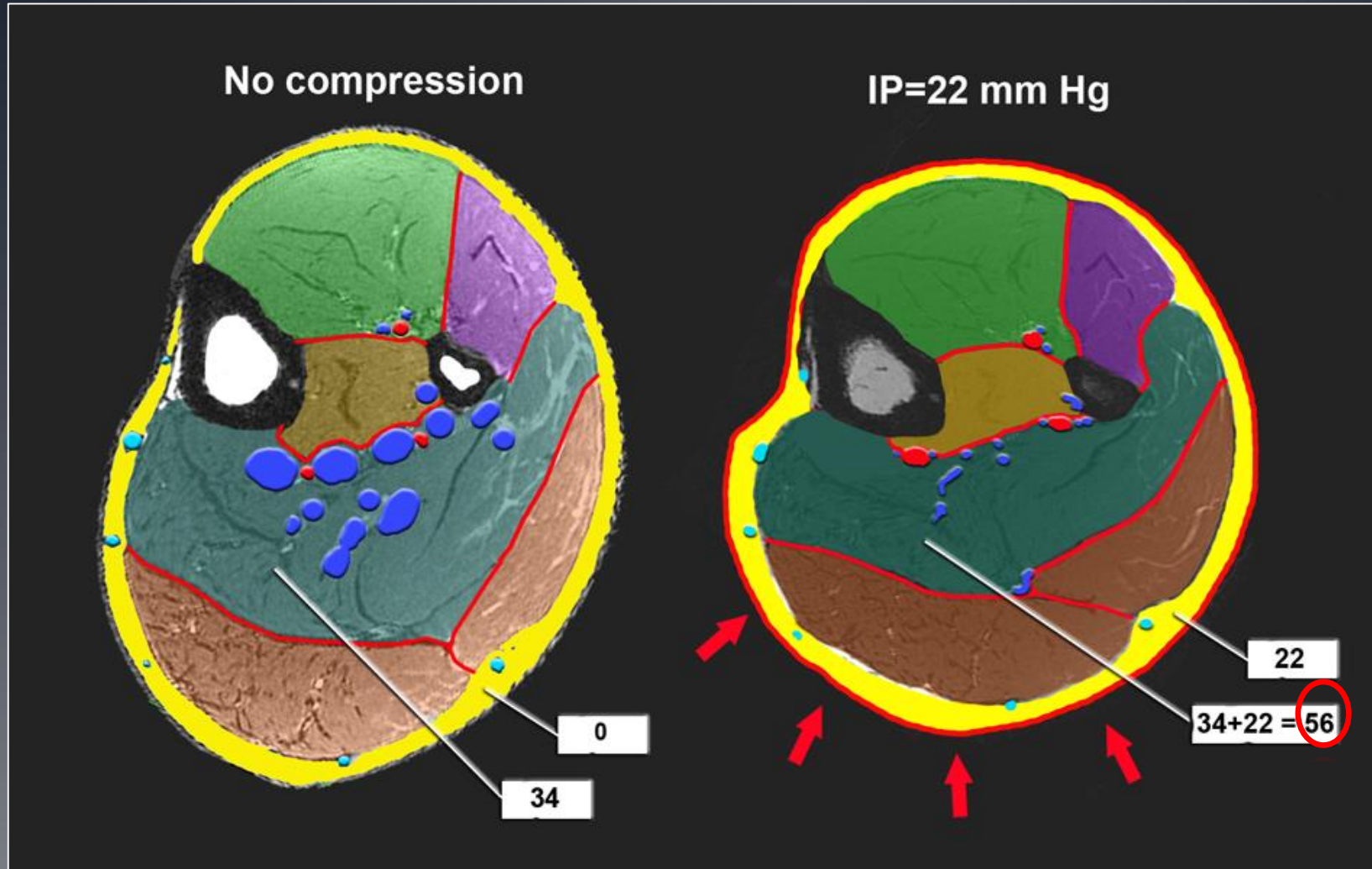
IMP vs IP in standing position

(Average of 10 legs)



In standing position with a stiff cuff, the IP is added to the baseline

Possible explanation of the paradox..



In standing position, 60 mmHg is required to fight against the intra venous hydrostatic Pressure and so to flattens the veins...

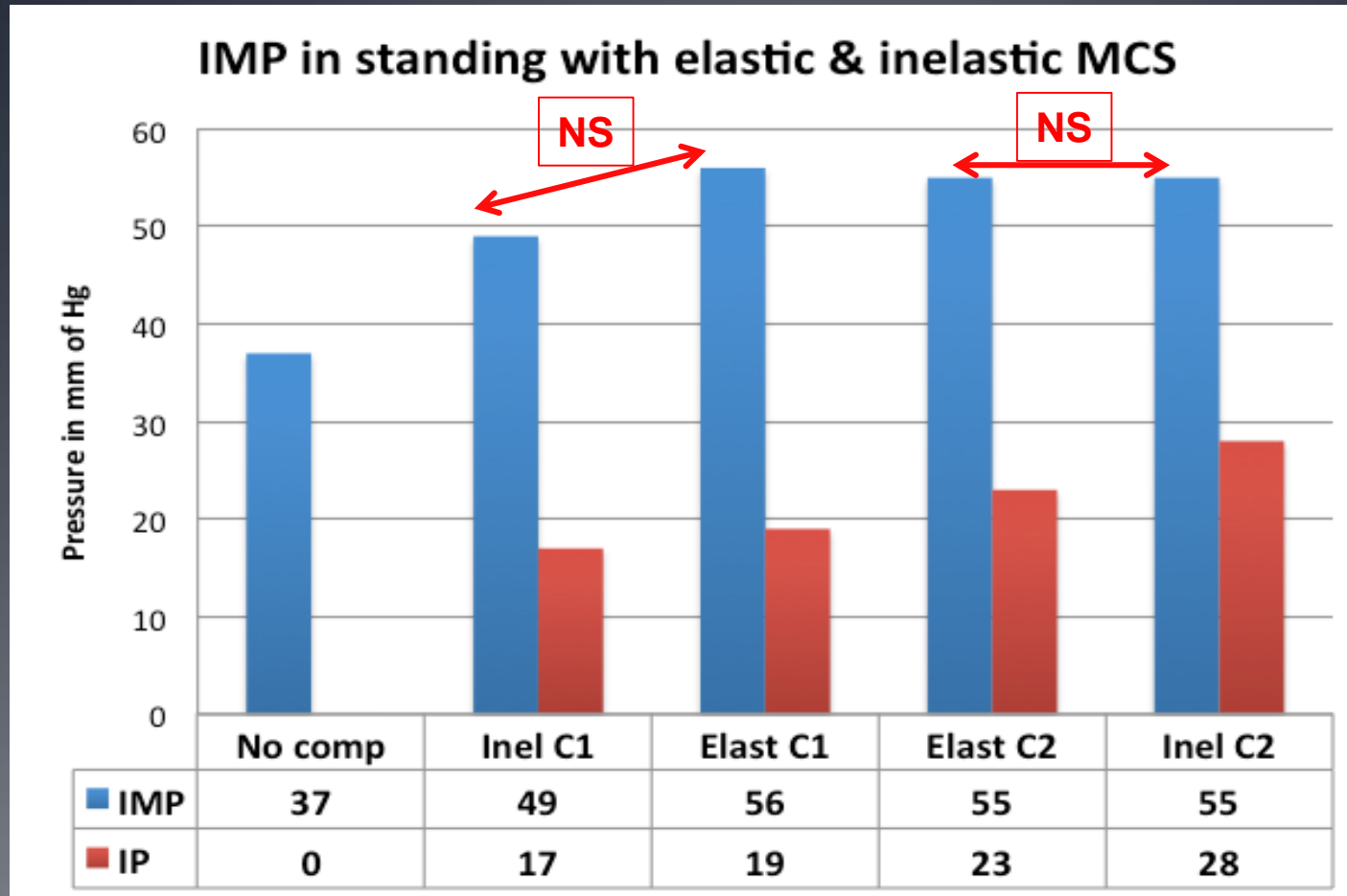
DISCUSSION

Confirmation of our results by Murthy

NASA grant Ann of vasc Surg 1994; 8 ,543-48

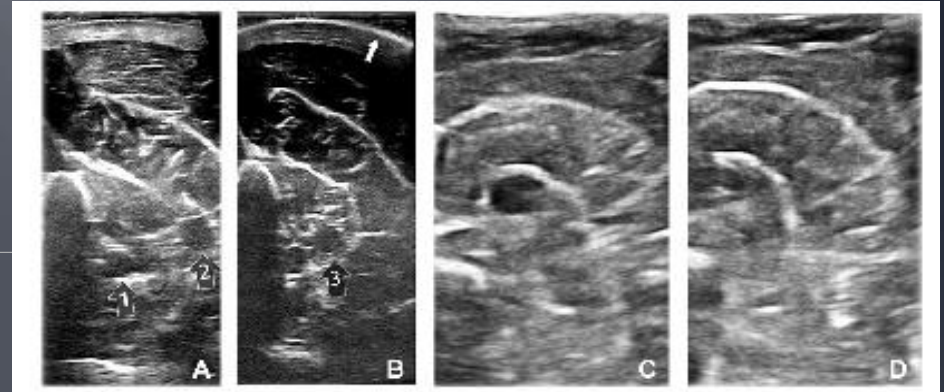
Elastic vs inelastic during static muscular contraction

Murthy et al. (Ann of vasc Surg 1994; 8 ,543-8)



No significant difference was shown regarding the IMP for similar IPs

DISCUSSION



D. Rastel and B. Lun* challenge our results

- . Isometric muscle contraction

Weaknesses of their study :

- . Study of slices vs. study of segment volume

- . Difficulties in performing measurements always in the same place

* Eur J Vasc Endovasc Surg. 2019 Mar 25.

Conclusion (1)

In the **standing** position, compression stockings with an IP of ± 20 mm Hg produce an IMP around **55 mm** Hg in the medial GM (IP + IMP with no CS = 20+35) Increasing the IMP by **40%**.

Conclusion (2)

This level of pressure is enough to flatten the deep compartment and **MUSCULAR** veins.

But the same IPs are too low in the subcutaneous tissues to compress the **superficial** compartment in standing position (about 70 mm Hg is needed)

This is a relevant explanation for the « compression paradox » and for our 3D anatomical results.

Conclusion (3)

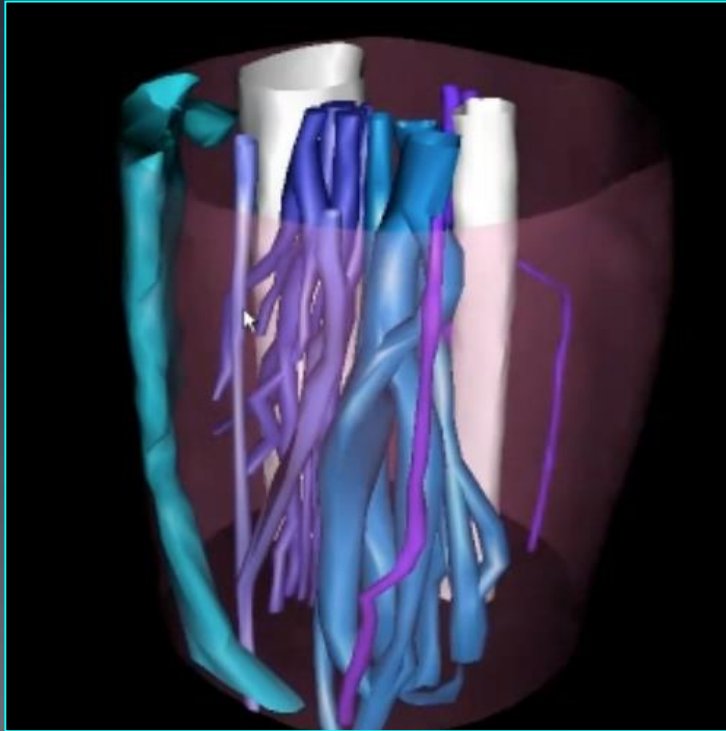
The effects of compression on the superficial veins could be due to the action on the deep system ++

The increase of the IMP acting on the muscular veins has a direct effect on the **calf pump function**.

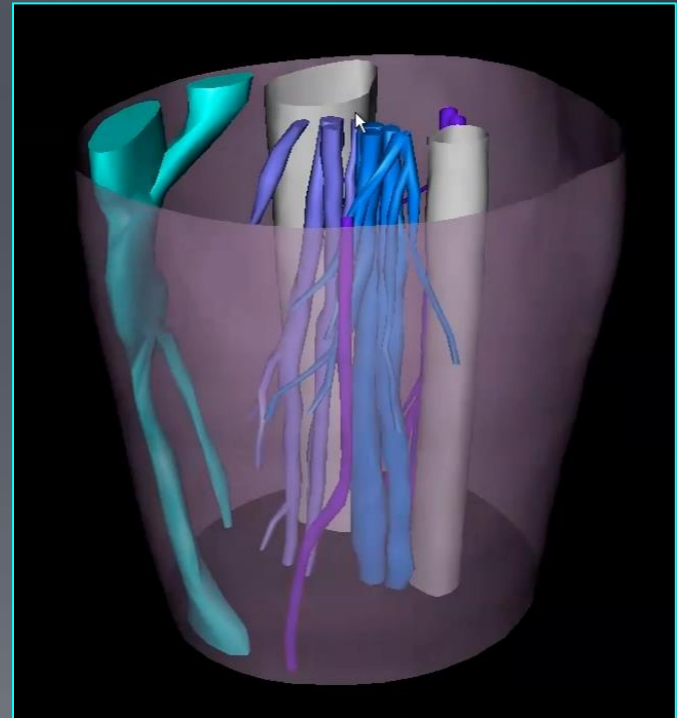
This is supporting the idea that compression should be **focused on the CALF** muscles, and that degressivity is not mandatory¹.

It makes sense that higher IMP (inelastic CS) are more efficient on the calf pump².

Thank you for your attention



No compression standing
IM pressure= 34 mm Hg



IP 22 mm Hg standing
IMP= 34+22= 56 mm Hg