

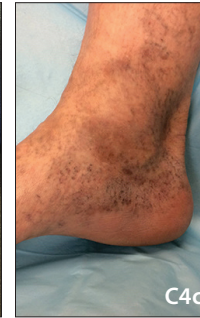
IMAGING REVEALS CONCURRENT VENOUS AND LYMPHATIC DISEASE PROGRESSION^{1,2}



Venous Hypertension



Edema, Stagnant Proteins, Susceptible to Infection



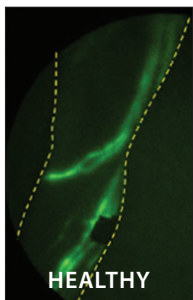
Hyperpigmentation, Eczema, Fibrosis, Corona Phlebectatica



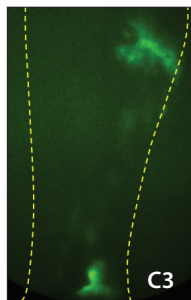
Wounds, Fat Deposition

Progressive and Irreversible Lymphatic Damage^{1,3,4}

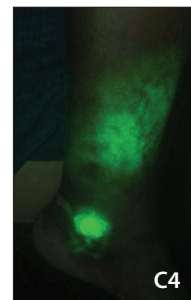
Compromised Immune Response^{3,4,5}



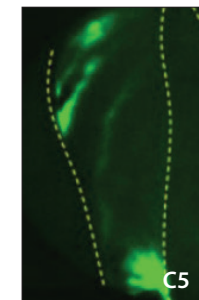
Clear lymphatic uptake



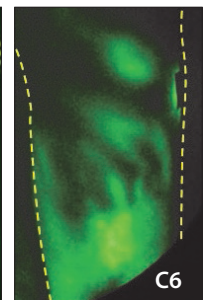
Lack of lymphatic uptake



Lymph stasis follows staining



Significant lymphatic backflow surrounding wounds



1. Rasmussen JC, et al. Lymphatic transport in patients with chronic venous insufficiency and venous leg ulcers following sequential pneumatic compression. *J Vasc Surg: Venous Lymphat Disord.* 2016 Jan;4(1):9-17.
 2. Lurie F, Passman M, Meisner M, et al. The 2020 update of the CEAP classification system and reporting standards. *J Vasc Surg Venous Lymphat Disord.* 2020;8(3):342-352. doi:10.1016/j.jvsv.2019.12.075
 3. Farrow W. Phlebolympheidema—A common underdiagnosed and undertreated problem in the wound care clinic. *The Journal of the American College of Certified Wound Specialists.* 2010;2(1):14-23
 4. Scelsi R, et al. Morphological changes of dermal blood and lymphatic vessels in chronic venous insufficiency of the leg. *Int Angiol.* 1994 Dec;13(4):308-11
 5. Ruocco E, et al. Phlebolympheidema: disregarded cause of immunocompromised district. *Clin Dermatol.* 2012 Sep-Oct;30(5):541-3. doi: 10.1016/j.clindermatol.2012.04.004
 Patient photos courtesy of Drs. Tony Gasparis and Steven Dean; patient photo consent on file at Tactile Medical