INTRODUCTION

Telangiectasia and/or varicose veins are present in about 33% of adult women and 15% of adult men . Although they may be only of cosmetic concern , superficial varices often cause significant symptoms such as pain , aching, heaviness, and pruritis . Superficial thin-walled veins may rupture and hemorrhage **[1].**

Sclerotherapy is a non surgical procedure that can be used to treat both small and large varices of the superficial venous system and perforators . This involves injecting a sclerosant intraluminally to cause fibrosis and eventual obliteration of a vein. The most common sclerosants used in the United States include sodium tertradecyle sulfate, polidocanol , 23.4% saline , and a combination of 25% dextrose with 10% saline **[1].**

Ttreatment generally proceeds from proximal to distal and largest to smallest vein, based on a reflux map developed from physical examination , Doppler , and Duplex Ultrasound . Sclerotherapy results can be optimized and the risk of complications minimized by choosing the proper sclerosant , sclerosant concentration , sclerosant volume and injection site for the vein(s) treated **[1].**

Post-treatment instructions , particularly compression and ambulation are designed to improve the results and safety of sclerotherapy . Adequate understanding of an appropriate history and physical, ultrasound evaluation , anatomy , pathophysiology , knowledge of sclerosing solutions , patient selection and post-treatment care as well as the ability to prevent , recognize and treat complications are required before embarking on treatment **[1].**