

Arterial Embolization of Hemorrhoids: Reply

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To the Editor,

We appreciate your input on our article. We initially overlooked the two papers (1994 and 1998) from Galkin, because they were published in Russian. The abstracts available in English report positive results for the treatment of chronic hemorrhoids complicated by hemorrhage.

Upon reading your letter, we tried to contact Pr. Galkin and learned that unfortunately he died last year. As far as we know, the data from his series have been transferred to Pr. Zakharchenko, a proctologist and colleague of Pr. Galkin in Siberia, Russia. This latest data will be very helpful concerning the technique (complication rate, recurrence, follow-up...). We strongly hope that the team of Pr. Zakharchenko will be able to give us this information.

After seeing the success of Doppler-guided hemorrhoidal artery ligation (DG-HAL), in 2007 we proposed the same procedure using embolisation. Concerning the “Emborrhoid” technique we described, it is important to

note that embolisation is performed with coils and never with microsphere, in order to reproduce the trans-anal surgical ligation of the DG-HAL. Using coils reduces the risk of rectal ischemia and does not lead to pain.

We think that given the major importance of this topic and the frequency of the disease there is a need for more research for a better understanding of the anatomy, the optimal embolization end-point, and optimal material. We are currently organizing two studies. Regarding first-line therapy, we have finished the enrollment of 26 patients in a feasibility study with a 1 year follow-up. The preliminary results will be communicated as soon as possible. Regarding compassionate therapy, we are still including patients in the current ongoing study published in this journal. If we want to validate the emborrhoid technique, we have to conduct a randomized, prospective, multicenter study to compare emborrhoid versus DG-HAL. We are currently planning this study, and we hope to begin next year.

We encourage other interventional radiologists to contact us if they have unpublished experiences with rectal embolisation for hemorrhoids. Your letter brings to light the interest of this technique. We are very excited because we are convinced that we are at the beginning of a promising new interventional radiology treatment.

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Conflicts of interest The authors (Vidal V, Sapoval) declare that they have no conflicts of interest related to this paper.

Statement of Informed Consent Informed consent was obtained from all individual participants included in the study.

Statement of Human and Animal Rights All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.