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REVIEWER'S REPORT

Manuscript No.: IJAR-52597 Date: 02-07-2025

Title: COMPARATIVE STUDY OF SURGICAL LIGATION AND STRIPPING VERSUS ULTRASOUND GUIDED FOAM SCLEROTHERAPY IN THE MANAGEMENT OF PRIMARY VARICOSE VEINS

Recommendation:
Accept as it is .....
Accept after minor revision.....YES.....
Accept after major revision .....
Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		YES		
Techn. Quality			YES	
Clarity			YES	
Significance			YES	

Reviewer Name:Dr Payal Adwani(PT) **Date:02-07-2025**

Reviewer's Comment for Publication.
The submitted manuscript presents a well-conducted prospective observational study comparing surgical ligation and stripping (SLS) with ultrasound-guided foam sclerotherapy (UGFS) in managing primary varicose veins.
The topic is clinically relevant, timely, and addresses a growing need for comparative evidence between traditional and minimally invasive treatments for varicose veins.
The study is appropriately structured, adheres to ethical standards, and the results are supported by robust data. However, there are areas where clarity, formatting, and methodological rigor could be improved before consideration for final publication.

Detailed Reviewer's Report

APPRAISALS / STRENGTHS

- Relevant Clinical Topic: The comparison of UGFS and SLS for varicose vein treatment is highly relevant to current clinical practice, especially given the shift towards minimally invasive procedures.
- Prospective Design: The prospective observational nature of the study and the 12-month follow-up provide meaningful insight into both short- and mid-term outcomes.
- Clear Methodology: The procedural steps for both SLS and UGFS are well described, improving reproducibility.
- Well-Defined Outcome Measures: The use of validated clinical scales such as VCSS (Venous Clinical Severity Score) and VDS (Venous Disability Score) enhances the credibility of findings.
- Statistical Rigor: Appropriate use of t-tests and chi-square tests with significance thresholds clearly stated; all major outcomes were evaluated statistically.

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- Comparative Analysis: Comprehensive comparison across multiple variables including pain, recovery time, recurrence, complications, pigmentation, and patient satisfaction.

- Literature Support: Adequate discussion and comparison with previous studies strengthen the context of findings.

- Practical Implications: Highlights real-world advantages of UGFS such as early return to work, outpatient feasibility, and cost-effectiveness.

CRITIQUES / LIMITATIONS

- Lack of Randomization: Although labeled prospective, the term "random allocation" is used without clarifying the method—true randomization or stratified sampling? Absence of blinding may also introduce bias.

- Short Follow-up Duration: A 12-month follow-up may not be sufficient to assess long-term recurrence or complications in varicose vein treatment, especially considering UGFS has reported higher late recanalization in literature.

- Unequal Baseline Characteristics: There is an imbalance in varicosity scores pre-operatively, which could have influenced treatment response outcomes.

- Limited Female Representation: A majority male sample (95% and 90% in groups A and B, respectively) limits generalization, as varicose veins are often more prevalent in females.

- Presentation and Formatting Issues:

1. Repetition of data in text and tables/figures could be minimized.

2. Some inconsistencies in statistical presentation (e.g., missing SDs or mismatched formatting).

3. Figures and tables are not all labeled or described adequately in the text.

- No Cost Analysis: While the study promotes UGFS as cost-effective, no quantitative cost comparison is provided.

- Complication Reporting: Complications are grouped and described broadly; a more structured tabulation with severity grading would enhance clarity.

- Language and Grammar: The manuscript contains minor grammatical errors and could benefit from proofreading for smoother readability and professional tone.

- No Mention of CEAP Score Progression: Though CEAP classification was used for inclusion, its change post-treatment was not monitored or reported.

- No Power Calculation: There is no mention of sample size calculation or power analysis to support that 60 subjects per group was adequate.

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