Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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unpublished literature were not included. The definition of ALI in this review is in accordance with the ESVS guidelines.

**Results:** Most identified papers were case reports or case series, although population based data and data from randomised controlled trials were also identified. In total, 114 unique and relevant papers were retrieved. Data were conflicting concerning whether the incidence of ALI increased, or remained unchanged, during the pandemic. Case reports and series reported ALI in patients who were younger and healthier than usual, with a greater proportion affecting the upper limb. Whether or not this is coincidental remains uncertain. The proportion of men/women affected seems unchanged. Most reported cases were in hospitalised patients with severe COVID-19. Patients with ALI as their first manifestation of COVID-19 were reported. Patients with ALI have a worse outcome if they have a simultaneous COVID-19 infection. High levels of D-dimer may predict the occurrence of arterial thromboembolic events in patients with COVID-19. Heparin resistance was observed. Anticoagulation should be given to hospitalised COVID-19 patients in prophylactic dosage. Most of the treatment recommendations from the ESVS Guidelines remained relevant, but the following were modified regarding patients with COVID-19 and ALI: 1) CTA imaging before revascularisation should include the entire aorta and iliac arteries; 2) there should be a high index of suspicion, early testing for COVID-19 infection and protective measures are advised; and 3) there should be preferential use of local or locoregional anaesthesia during revascularisation.

**Conclusion:** Although the epidemiology of ALI has changed during the pandemic, the recommendations of the ESVS ALI Guidelines remain valid. The above mentioned minor modifications should be considered in patients with COVID-19 and ALI.

**No Benefit of Wearing Compression Stockings after Endovenous Thermal Ablation of Varicose Veins: A Systematic Review and Meta-Analysis**

Hu H, Wang J, Wu Z, Liu Y, Ma Y, Zhao J. Eur J Vasc Endovasc Surg 2022;63:103-11.

**Objective:** This meta-analysis was conducted to investigate whether compression stockings were necessary after endovenous thermal ablation of varicose veins.

**Data Sources:** Electronic databases, including MEDLINE, EMBASE, and the Cochrane Library database, were searched from inception to 10 March 2022 to identify all the related trials.

**Methods:** Random or fixed effects models were used to generate pooled mean difference (MD) or standardised mean difference (SMD) for continuous data, risk ratios (RRs) for dichotomous data, and related 95% confidence intervals (95% CIs). The quality of evidence was graded with a specific tool (GRADEpro GDT) from the GRADE working group.

**Results:** A total of seven randomised controlled trials (RCTs) comprising 146 patients were included in this meta-analysis. Wearing compression stockings was correlated with lower post-operative pain scores from a 0 to 100 mm visual analogue scale (MD –8.00; 95% CI –12.01 – –3.99; p < 0.001). No difference was observed between wearing compression stockings or not in quality of life (SMD 0.40; 95% CI 0.14 – 0.64), major complications (RR 0.64; 95% CI 0.26 – 1.59), target vein occlusion rates (RR 0.99; 95% CI 0.96 – 1.02), or time to return to work (MD –0.43; 95% CI 1.06 – 0.19).

**Conclusion:** After endovenous thermal ablation of varicose veins, wearing compression stockings was not associated with a better outcome except for mild pain relief. Post-operative compression stockings may be unnecessary after endovenous thermal ablation.

**Clinical Studies Reporting on Vascular Graft Coatings for the Prevention of Aortic Graft Infection: A Systematic Review and Meta-Analysis**

Mufty H, Van den Bergh M, Meuris B, Metsmakers W-J, Fourneau I. Eur J Vasc Endovasc Surg 2022;63:112-8.

**Objective:** The aim of this study was to investigate the efficacy of vascular graft coatings used in the aortic position to prevent vascular graft infection (VGI).

**Methods:** A systematic review was conducted in accordance with the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines using a pre-registered protocol (CRD42020206436). Eligible studies used a vascular graft coating in the aortic position and reported on VGI. A search was performed in MEDLINE (PubMed), Embase, Web of Science, and the Cochrane Library. Primary outcome parameters were VGI, patency, and mortality. Pooled estimates of VGI were calculated using odds ratio (OR) and 95% confidence intervals (CIs) wherever possible. Quality assessment was performed with the Newcastle–Ottawa Assessment Scale and the Revised Cochrane risk of bias tool for randomised trials.

**Results:** In total, 6,873 papers were identified. Only eight studies were included. Six of eight studies (75%) reported on known antimicrobial coating strategies such as antibiotics (n = 3) and silver (n = 3). In the other two studies, polymer coated grafts were used. Only three of eight studies compared coated with uncoated grafts (two antibiotic and one silver). Two randomised controlled trials reported on the effect of rifampicin soaked (1 mg/mL) grafts and showed no significant effect in the early (2 months; OR 0.69, 95% CI 0.29 – 1.62) or late (2 years; OR 0.73, 95% CI 0.23 – 2.32) post-operative periods. A retrospective cohort study focusing on the effect of silver coated grafts did not reveal any advantage (OR 0.19; 95% CI 0.02 – 1.64). Two polymer coated grafts were not considered to have a potential benefit in the prevention of VGIs.

**Conclusion:** Clinical studies reporting on the antibacterial effect of vascular graft coatings in the aortic position to prevent VGI are scarce. For silver and antibiotic coatings, no significant protection for VGI was observed. New types of grafts or long acting coating strategies are mandatory to prevent this complication in the future.