

# Review of: "Contraindications to Intermittent Pneumatic Compression: Between Lines of Recommendations"

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Intermittent pneumatic compression (IPC) is a relatively novel method of applying compression to the lower limbs. The large number of devices on the market with various modes of pressure application complicates the proper selection of patients for this kind of therapy. Therefore, the topic of the current manuscript is relevant and could help enlighten the situations where IPC must not be applied and those in which it could be applied under certain conditions.

The review tries to show that classic contraindications to lower limb compression, such as diabetic microangiopathy and arterial occlusive disease, are now becoming just limitations or even indications for IPC.

The authors try to provide a comprehensive analysis of IPC. Thus, they divided the application of IPC into six general settings and provided a detailed list of contraindications and limitations. Since the two primary objectives of IPC therapy are lymphedema reduction and thromboprophylaxis, no matter the clinical background, this elaborate listing may lead to confusion. Nevertheless, several conditions such as chronic congestive heart failure, liver failure, acute kidney disease, and thrombophlebitis are firmly stated as contraindications. Also, such a large number of conditions that are referred to as contraindications or limitations to IPC requires well-founded evidence, which is insufficient in this manuscript.

The authors reviewed the transition of traditional compression methods from being contraindicated in severe occlusive disease to the latter being currently an indication for IPC. As peripheral occlusive disease is a prevalent and significant condition, the addition of another option for treatment is invaluable.

The studies on medical compression are not uniform in their results, making the formulation of a definitive conclusion difficult. Despite the authors' effort to expose a coherent description of the indications, contraindications, and limitations of IPC, ambiguity is still observed. The conclusion is satisfactory, summarizing any firmly established contraindications to IPC to date.

I would suggest that the authors restructure the table at the beginning, making it simpler. Also, it would be more apprehensible to the reader if each indication/contraindication is analyzed one at a time with all available evidence. Accomplishing these changes would make a good review worth publishing.