



While rethinking the merits of a minidress, Marcia DeSanctis discovers that new spider- and varicose-vein treatments are a boon for summer's shorter hemlines.

Earlier this year, after a light lunch in Paris, I bought myself a short, airy dress at Isabel Marant. Champagne was involved, which is the only way I'd try on, let alone buy, anything but trousers or something flat-out floor skimming in February. As sure as the magnolia blooms, so, too, does spring usher in another annual rite: despondency at the prospect of my bare legs' seeing daylight.

Winter pale is the least of it. My legs are marked by spider veins, a maze of multicolored blood vessels that zig and zag like a map of Scandinavia's waterways. Summertime and shorts season mean I crack a bottle of Sally Hansen's Airbrush Legs to glaze my gams with a tawny finish, or

slather on Caudalie's Divine Legs for a rich Ipanema bronze. But lately I've suspected that, like many women—55 percent of whom are cursed with these spindly devils—I've been masking a grimmer reality.

"When [spider veins] are more on the outside of the thigh or calf, those are usually not related to a deeper condition," says Neil Khilnani, M.D., an interventional radiologist and vascular specialist at New York's Weill Cornell Medical College. "But when we see them inside the knee, inside the calf, inside the ankle, those could be related to a more serious problem."

Veins, we recall from biology class, are the conduits for blood to course one-way to the heart. Time—or pregnancy, birth control, heredity, smoking, and standing for long stretches of time—can cause the valves in the calf to slacken, so blood pumped upward ends up cascading down into the legs again. If it happens in a big passageway, you get a varicose vein—gnarled, bulgy, and wider than three millimeters in diameter; if it affects a vessel in the skin, it's called a spider. But similar to how a tree trunk gives way to branches and twigs, countless tributary veins fan outward from the primary one, which means that in a minority of people (roughly 10 percent), a faint vermilion squiggle might actually have troubled roots. It's not a life-threatening ailment (the mechanisms in question are generally separate from those that cause blood clots), but it is "a quality-of-life issue," says Khilnani, calling out the heaviness, aching, swelling, and throbbing that are all symptoms of an underlying condition—and that I am very familiar with.

For years, dull soreness has pervaded the upper reach of my inner calf, which Khilnani investigates on a recent visit with a skin-grazing flashlight that reveals a horrifying varicose vein as thick as twine. There is no glamorous way to say this: I have "venous insufficiency"—my vein opens nicely to let the blood flow up but does not close properly, so blood returns to pool in my legs.

Thankfully, most spider veins can be eradicated with sclerotherapy, which today has evolved into a no-sweat series of injections using ultrafine needles and **BEAUTY>86**

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SCLEROTHERAPY, A SERIES OF DETERGENT-BASED INJECTIONS, IS AN EFFECTIVE SOLUTION FOR STAMPING OUT SPIDER VEINS. PHOTOGRAPHED BY MARIO TESTINO FOR VOGUE, 2012.

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a gentle detergent-based solution, like the popular polidocanol, to collapse and seal the vein shut. These agents have been a paradigm-shifting improvement over outdated saline shots that often harmed the skin and were harrowing to boot.

But since my issues run deeper, fixing them involves a process called saphenous ablation, in which the doctor will employ one of many new technologies (radio frequency, catheter, a sudsy solution, or, approved by the FDA last year, tiny drops of glue) to collapse the larger, faulty vein. Once pressure from the source vein eases, and the blood courses again nicely, the rest is gravy and requires only a few shots of polidocanol in the tiny outlying offenders.

It's a mouthful, but the efficacy of this development explains the decreasing popularity of laser treatments, which have largely been sidelined—at least as a first line of attack—except in combination to boost injections. Occasionally a doctor will also employ a laser in conjunction with a microphlebectomy to seal the problematic area closed, before the varicose vein is literally plucked out through tiny nicks on the skin. Sclerotherapy is “simply more effective and less painful,” says Julie Karen, M.D., a Manhattan dermatologist and vein specialist (although your vanity may be bruised from wearing the compression stockings that are usually prescribed as a companion

product). “The reason why lasers don't work as well is because they ignore the fact that it's a whole vein system, and you can't just target spot after spot. If you don't treat the whole system, problems are just going to recur.”

I am optimistic that my veins will gush efficiently, and my legs will feel vigorous and light again soon. But until then, I've resolved to buff my unstockinged pins with a cooling jet of Dior Diorskin Airflash Spray Foundation—perfect for the face, and ideal to obscure violet, veiny smudges on the knees. More satisfying still is a painterly dab of Rodial's Airbrush Makeup, a velvety but lasting coverall, to camouflage the darkest clusters. The pros use Kryolan Dermacolor, a theatrical makeup designed to conceal tattoos, according to makeup artist Dick Page. A regular backstage at the Victoria's Secret fashion show, Page has also been known to treat supermodel limbs, like those belonging to Karlie Kloss, with a bit of foundation-spiked moisturizer to create a light-handed, uniform finish.

Kloss herself, who stands at a lithe six feet, relies on a touch of highlighter to really accentuate her famous assets. “It has the same effect that it does on your face and cheekbones,” she reveals of applying a luminizer on legs—which I intend to try. After all, I have a dress with the tags still on it from an afternoon in Paris. It would be a shame not to wear it. □

GAMS Changers

“The vast majority of spider-vein patients will need only sclerotherapy,” says Neil Khilnani, M.D., an interventional radiologist and vascular specialist at New York's Weill Cornell Medical College. Two to five sessions of detergent-based injections can run between \$300 and \$1,000 per session, depending on your practitioner. For more stubborn varicose veins, there are onetime treatments like saphenous ablation, which uses different technologies to collapse faulty valves—and can cost up to \$4,000—after which a doctor may also prescribe a microphlebectomy to pluck out the vein (for \$1,800 to \$2,700, depending on the number of incisions). Here, three doctors who have put in the legwork.—M.D.

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