

Clinical Trial Protocol

Iranian Registry of Clinical Trials

10 Jun 2026

Effect of Pentoxifylline in the treatment of chronic venous ulcers

Protocol summary

Summary

To determine the effect of Pentoxifylline in the treatment of chronic venous ulcers, 40 Chronic venous ulcers patients at the vascular clinic visit of Shahid Rajaei hospital, Gazvin-Iran, are randomly divided into two groups. Intervention group will be treated by varices socks plus Pentoxifylline and controls by varices socks alone. The amount and duration of pain, edema and healing time in both groups will be compared.

General information

Acronym

IRCT registration information

IRCT registration number: **IRCT201012085344N1**
Registration date: **2011-03-09, 1389/12/18**
Registration timing: **registered_while_recruiting**

Last update:

Update count: **0**

Registration date

2011-03-09, 1389/12/18

Registrant information

Name

Leila Haji Maghsoudi

Name of organization / entity

Shahrood university of medical sciences

Country

Iran (Islamic Republic of)

Phone

+98 28 1333 6001

Email address

maghsoudi@shmu.ac.ir

Recruitment status

Recruitment complete

Funding source

private

Expected recruitment start date

2011-01-10, 1389/10/20

Expected recruitment end date

2011-07-11, 1390/04/20

Actual recruitment start date

empty

Actual recruitment end date

empty

Trial completion date

empty

Scientific title

Effect of Pentoxifylline in the treatment of chronic venous ulcers

Public title

Effect of Pentoxifylline in the treatment of chronic venous ulcers

Purpose

Treatment

Inclusion/Exclusion criteria

Inclusion criteria: Patients with chronic venous ulcers.

Exclusion criteria: patients with chronic arterial insufficiency.

Age

No age limit

Gender

Both

Phase

3

Groups that have been masked

No information

Sample size

Target sample size: **40**

Randomization (investigator's opinion)

Randomized

Randomization description

Blinding (investigator's opinion)

Single blinded

Blinding description

Placebo

Not used

Assignment
Parallel
Other design features

Secondary Ids

empty

Ethics committees

1

Ethics committee

Name of ethics committee

Qazvin University of Medical Sciences and Health Services

Street address

Shahid Babai blvrd.

City

Qazvin

Postal code

Approval date

2010-08-20, 1389/05/29

Ethics committee reference number

51

Health conditions studied

1

Description of health condition studied

chronic venous ulcers

ICD-10 code

I83.0

ICD-10 code description

Varicose veins of lower extremities with ulcer

Primary outcomes

1

Description

Edema

Timepoint

one week

Method of measurement

physical examination

2

Description

pain

Timepoint

one week

Method of measurement

Numerical rating scale

3

Description

Duration of wound healing

Timepoint

one week

Method of measurement

physical examination

Secondary outcomes

empty

Intervention groups

1

Description

Control group: varices stocking alone

Category

N/A

2

Description

Intervention Group: varices stockings and pentoxifylline 400 mg three times daily

Category

Treatment - Drugs

Recruitment centers

1

Recruitment center

Name of recruitment center

Vascular clinic, Shahid Rajai hospital

Full name of responsible person

Dr Mohammad Bagher Sohrabi

Street address

Padegan Avenue

City

Qazvin

Sponsors / Funding sources

1

Sponsor

Name of organization / entity

Shahrood University of Medical Sciences and Health Services

Full name of responsible person

Dr mohammad bagher sohrabi

Street address

Shahrood-hafte tir square-Shahrood University of Medical Sciences and Health Services

City

Sahrood

Grant name

Grant code / Reference number

Is the source of funding the same sponsor organization/entity?

Yes

Title of funding source

Shahrood University of Medical Sciences and Health Services

Proportion provided by this source

100

Public or private sector*empty***Domestic or foreign origin***empty***Category of foreign source of funding***empty***Country of origin****Type of organization providing the funding***empty***Person responsible for general inquiries****Contact****Name of organization / entity**

Shahrood university of medical sciences

Full name of responsible person

Dr Mohammad Bagher Sohrabi

Position

General Practitioner/ Director of Medical Education

Other areas of specialty/work**Street address**

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Person responsible for scientific inquiries**Contact****Name of organization / entity**

Shahrood university of medical sciences

Full name of responsible person

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Position

General surgeon

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Shahrood university of medical sciences

Full name of responsible person

Dr Mohammad Bagher Sohrabi

Position

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Other areas of specialty/work**Street address**

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Sharing plan**Deidentified Individual Participant Data Set (IPD)***empty***Study Protocol***empty***Statistical Analysis Plan***empty***Informed Consent Form***empty***Clinical Study Report***empty***Analytic Code***empty***Data Dictionary***empty*