

AN INTERESTING CASE HIGHLIGHTING MANAGEMENT OF PELVIC CONGESTION SYNDROME

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INTRODUCTION

- Pelvic Congestion Syndrome (PCS) is the development of valvular incompetence and/or obstruction in the pelvic and gonadal veins causing disabling symptoms
- Uncommon pathologic condition commonly occurring in women of child bearing age
- Diagnosis can be challenging due to a variety of clinical presentations
- **Nutcracker syndrome (NCS)** is a potential cause of PCS and involves compression of the left renal vein between the superior mesenteric artery and the aorta

CASE PRESENTATION

- 31-year-old woman with 6 years of unbearable back and suprapubic pain associated with dyspareunia and dysuria
- **Transvaginal ultrasound:** vaginal varicosities
- **Computed tomography angiogram (CTA):** Dilated left ovarian vein contiguous with left greater than right pelvic varicosities
- **Diagnostic venogram:** left pelvic venous plexus consistent with pelvic varicosities in the left ovarian vein and NCS anatomy (**Figure 1**)
- **Operative Plan:**
 - Patient underwent foam sclerotherapy of the pelvic venous plexus using 3cc of foam sclerosing agent (polidocanol) followed by coil embolization of the left ovarian vein
- **Post embolization venogram:** successful treatment with no flow in the ovarian vein and preserved flow in the left renal vein (**figure 2**)
- Post op: Pelvic pain was improved but continued intermittent pain with activity.
- Follow up post CT venogram scheduled

IMAGES



Figure 1: Pre-op dilated left ovarian vein.

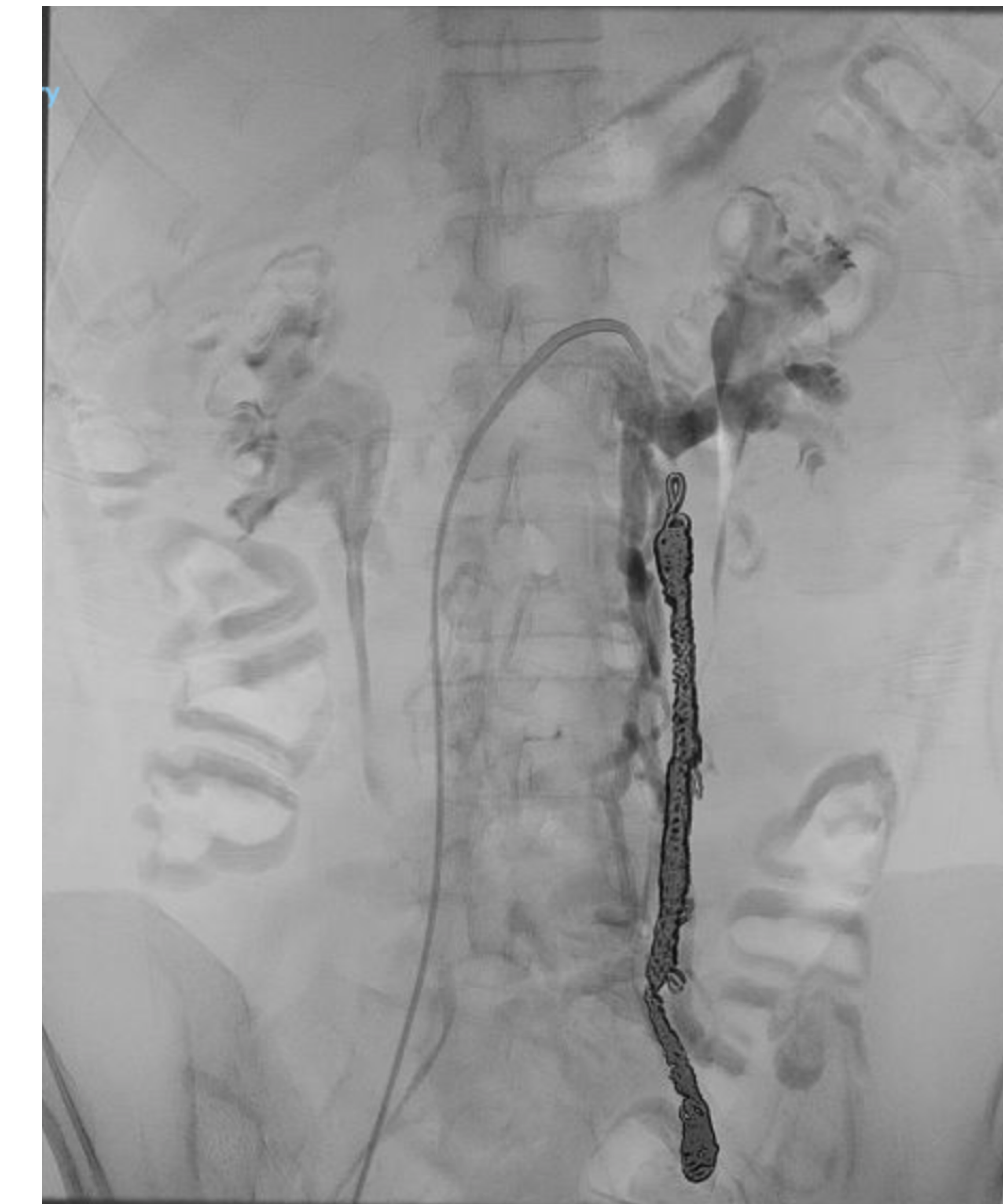


Figure 2: Post-op coil embolization left ovarian vein.

DISCUSSION

- Three types of chronic pelvic pain
 - Type I is secondary to valvular incompetence of pelvic or ovarian veins
 - Type II is secondary to obstruction of outflow (our case)
 - Type III is due to local compression
- Chronic pelvic pain due to PCS is associated with dyspareunia, dysmenorrhea, and dysuria causing negative cognitive, behavioral, sexual and emotional consequences
- Venography is the gold standard for diagnosis
- Treatment: medical therapy for symptomatic relief
- **Treatment: surgery**
 - endovascular (sclerotherapy and embolization, left renal venous stent placement)
 - open surgical techniques (including gonadal vein transposition, left renal vein transposition, or saphenous vein bypass)
- Foam sclerotherapy and coil embolization can be a successful treatment for pelvic congestion syndrome.