Endovascular Intervention for Pelvic Congestion Syndrome is Justified for Chronic Pelvic Pain Relief and Patient Satisfaction

Axel Thors, D. O., Mounir J. Haurani, MD, Tammy K. Gregio RN, B.S.N. and Michael R. Go, MD
From: The Ohio State University, Columbus, OH

Objectives: Pelvic congestion syndrome (PCS) is difficult to diagnose, poorly understood, and often confused with other causes of chronic pelvic pain. Thus, gonadal vein reflux, its relation to lower extremity venous insufficiency (LEVI), and treatment remains controversial to physicians and payors. We present our experience with endovascular PCS treatment and hypothesize that properly selected patients can realize significant improvement.

Methods: A retrospective study of patients treated for PCS at our institution from 2008 to 2012 was performed. Diagnosis was made clinically by presence of pelvic pain, dyspareunia, and/or perineal varicosities. Clinical parameters, procedural details, and follow-up were reviewed. A questionnaire including a Visual Analog Scale was sent to patients (Figure).

Results: Diagnosis was made in 15 women (mean age 36, mean parity two). All had pelvic pain, six had dyspareunia, 14 had perineal varicosities, and ten had concomitant LEVI. Fourteen had gonadal vein reflux (mean diameter 7.4 mm) and pelvic varicosities at angiography and had coiling (12) and/or Amplatzer plug (four). One patient had stenting of a stenotic left common iliac vein. All patients with concomitant LEVI had successful appropriate treatment. Eight patients completed the questionnaire at a mean follow-up of four years. Mean pelvic pain score went from 9.375 to 1.875 post-procedure (P < .0001 Student’s t-test). Mean dyspareunia score went from 8.875 to 1.5 (P < .0001). Mean perineal varicosity pain score went from 9.285 to 1.285 (P < .0001). Two patients had recurrence with a mean pelvic pain score of 4.5 at a mean 21 months. On a five point Likert scale, all patients were satisfied (one) or extremely satisfied (seven) with treatment.

Conclusions: Endovascular PCS treatment offers excellent pelvic pain relief and patient satisfaction. Women with pelvic pain, dyspareunia, or perineal varicosities with gonadal vein reflux and pelvic varicosities or iliac vein stenosis should not be denied treatment. A significant number may have concomitant LEVI and should be screened accordingly.

† = Szilagyi Award
§ = Guthrie Award
¤ = Pfeifer Venous Award
NOTES