



Pelvic Congestion Syndrome

Pelvic Congestion Syndrome (PCS) is also known as Ovarian Varicose Veins.

PCS is a cause of Chronic Pelvic pain frequently only diagnosed after the affected woman has spent many years trying to find a cause and solution for this potentially distressing condition.

This condition affects 15% of women generally between the ages of 20-50 yrs.

It is a treatable cause of chronic pelvic pain.

The symptoms may include

Chronic dull aching pain in the lower abdomen and lower back.

The pain may be exaggerated at the end of the day after a long period of standing, following sexual intercourse, during or toward end of the menstrual cycle, and during pregnancy.

Risk factors include, two or more pregnancies, Leg varicose veins, polycystic ovaries, and hormonal dysfunction.

Patients may also have an irritable bladder, abnormal menstrual bleeding, Varicose veins in the buttock, thigh or vulval region

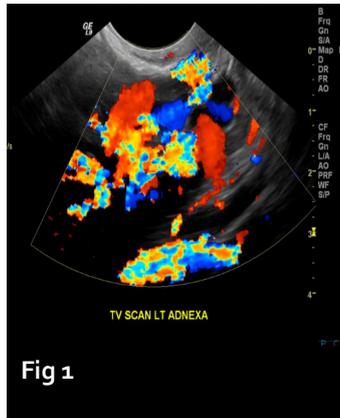


Fig 1

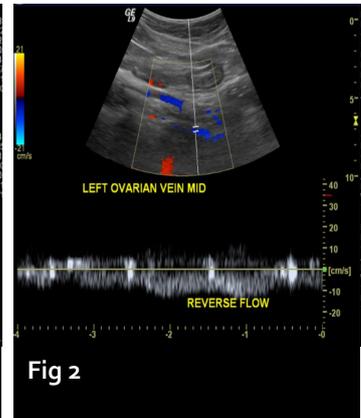


Fig 2

Diagnosis:

A thorough medical and gynaecological assessment is required.

Routine pelvic ultrasound demonstrated the prominent veins in the pelvis in the adnexae surrounding the ovaries, more prominent on the left (fig 1)

An ovarian vein duplex Doppler shows distension and reverse flow in the ovarian vein (fig2)

Treatment:

Embolisation of the veins is the treatment of choice.

Embolisation is a minimally invasive outpatient procedure performed by a specialist doctor— Interventional Radiologist (IR) . The IR inserts tiny coils together with a sclerosing agent (same substance used to treat varicose veins) to close the abnormal veins. This is done through a small tube placed into a vein in the groin, no more dramatic than a blood test. The veins then shrink over the next 2-4 months.

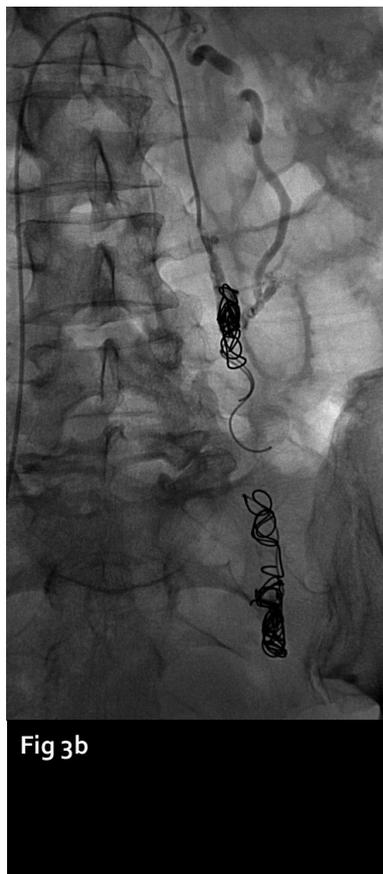


Fig 3b

Follow-up:

Routine pelvic ultrasound compared to pre-treatment study shows the veins to be significantly smaller with no reflux on standing or valsalva. (Fig 4)



Fig 3a

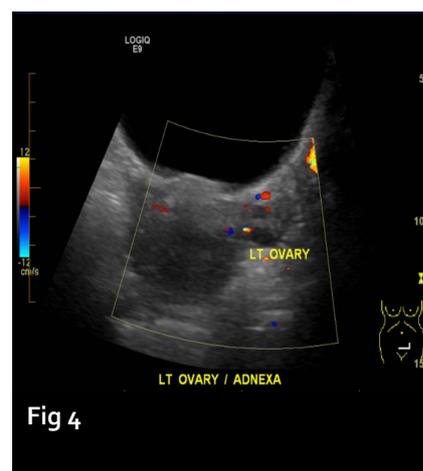


Fig 4