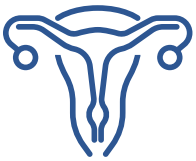
Pelvic Congestion Syndrome (PCS):

Epidemiology, Diagnostic Considerations, and Treatment

EPIDEMIOLOGY



Chronic pelvic pain (CPP) affects approximately **15% of females aged 18 to 50 years**[1]
PCS is implicated in up to **40%** of CPP cases[2,3]

The syndrome typically presents as **chronic, noncyclic pelvic pain** or a sensation of pelvic heaviness—often exacerbated by prolonged standing. Associated symptoms may include dysmenorrhea, dyspareunia, urinary urgency, and perineal or lower extremity varicosities[4]

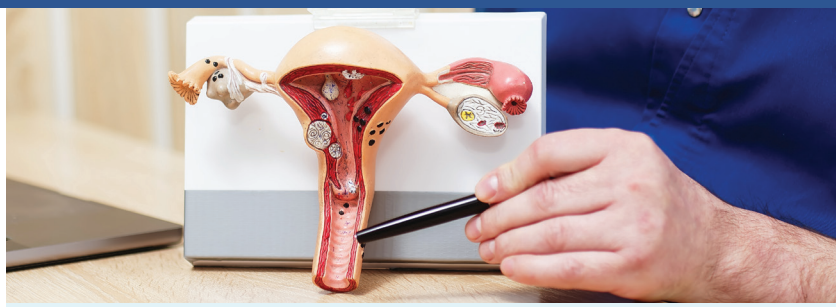
Physiologically, each pregnancy increases intravascular volume; with up to a **60% increase in vein capacity,** chronic venous distension may eventually lead to valvular incompetence.

PCS occurs when blood flow reverses, causing blood to pool in the pelvic veins. It is similar in nature to venous insufficiency in the legs.

DIAGNOSTIC CHALLENGES

- PCS remains a diagnostic challenge due to the overlap of its symptoms with other pelvic disorders[5]
- Notably, the presence of pelvic venous insufficiency does not uniformly result in pain.[6]
- Diagnosis consists of two components: Clinical symptoms consistent with PCS and imaging findings of dilated ovarian veins with an abnormally enlarged network of veins within the pelvis.
- Medical Imaging: CT venography of the abdomen and pelvis with contrast, transvaginal pelvic ultrasound, and MRI of the pelvis are used to diagnose PCS.

1. Mathias S D, Kuppermann M, Liberman R F, Lipschutz R C, Steege J F. Chronic pelvic pain: prevalence, health-related quality of life, and economic correlates. Obstet Gynecol. 1996;87(03):321–327. doi: 10.1016/0029-7844(95)00458-0. [DOI] [PubMed] [Google Scholar]
2. Duncan C H, Taylor H C., Jr A psychosomatic study of pelvic congestion. Am J Obstet Gynecol. 1952;64(01):1–12. doi: 10.1016/s0002-9378(16)38730-0. [DOI] [PubMed] [Google Scholar]
3. Soysal M E, Soysal S, Vicdan K, Ozer S. A randomized controlled trial of goserelin and medroxyprogesterone acetate in the treatment of pelvic congestion. Hum Reprod. 2001;16(05):931–939. doi: 10.1093/humrep/16.5.931. [DOI] [PubMed] [Google Scholar]
4. Ganeshan A, Upponi S, Hon L Q, Uthappa M C, Warakaulle D R, Uberoi R. Chronic pelvic pain due to pelvic congestion syndrome: the role of diagnostic and interventional radiology. Cardiovasc Intervent Radiol. 2007;30(06):1105–1111. doi: 10.1007/s00270-007-9160-0. [DOI] [PubMed] [Google Scholar]
5. Elizabeth A Ignacia, et al. Pelvic Congestion Syndrome: Diagnosis and Treatment Semin Intervent Radiol. 2008 Dec;25(4):361-368. doi: 10.1055/s-0028-1102998
6. (Source: Cleveland Clinic) https://my.clevelandclinic.org/health/diseases/24213-pelvic-congestion-syndrome
7. Laborda A, Medrano J, de Blas I, et al. Endovascular treatment of pelvic congestion syndrome: visual analog scale (VAS) long-term follow-up clinical evaluation in 202 patients. Cardiovasc Intervent Radiol 2013; 36: 1006-1014. [DOI] [PubMed] [Google Scholar]



OVARIAN VEIN EMBOLIZATION (OVE) IS *THE* TREATMENT OF CHOICE

OVE is a minimally invasive outpatient procedure that is now considered the **sole treatment** option for PCS.

- Under image guidance, an interventional radiologist uses coils and/or sclerosants to occlude the incompetent ovarian veins.
- The procedure is performed via a catheter placed into a common femoral vein (groin) or jugular vein (neck) and then navigated to the incompetent ovarian vein(s). The vein is then embolized with a sclerosant agent and coil, under moderate sedation or local anesthesia. It is an outpatient procedure performed under twilight sedation and/or local anesthesia, and patients generally resume normal activities immediately following the procedure.
- Clinical outcomes have demonstrated a high safety profile, **success rates approaching 90%,** and a recurrence rate of approximately 10%.[7]

The physicians of Memphis Vascular Center have been performing vascular and interventional radiology therapies for many years and are among Tennessee's leading experts on these procedures.

If you are interested in learning more about therapies for pelvic congestion syndrome or other conditions, please consult with one of our radiologists by calling **(901) 683-1890**.

MEMPHIS VASCULAR CENTER

901.683.1890
MemphisVascular.com
6401 Poplar Ave., Suite 505
Memphis, TN 38119