

PELVIC VARICES

INDICATIONS FOR THE TREATMENT

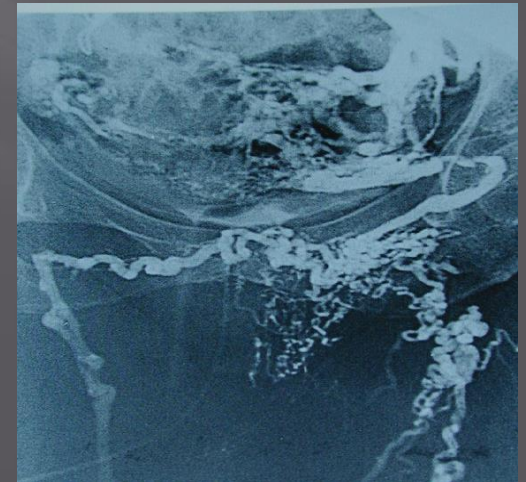
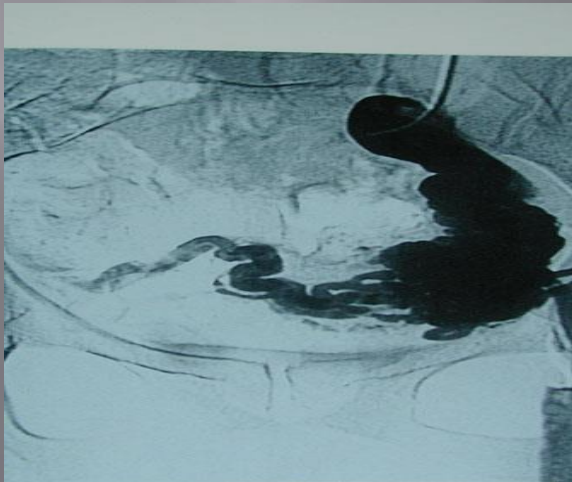
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Introduction

Often ignored or unknown, the pelvic varices or pelvic congestion syndrome (PCS) met in 2 clinical situations:

- It is responsible for 30 % of the pelvic pain after elimination of the other causes.
- It is the source of a superficial chronic venous insufficiency (SCVI) of the lower limbs in 5 % of the cases and recurrence of varices in 18 % of the cases



When to think of it ?

In the PCS without varices, the symptoms are only pelvic :

Heaviness and pelvic pains ++

Dyspareunia ++

Hemorrhoids

Associated digestive, urologic and/or gynecological disorders

Vulvar varices ++++

NEGATIVE GYNECOLOGICAL ASSESSMENT

VULVAR VARICES

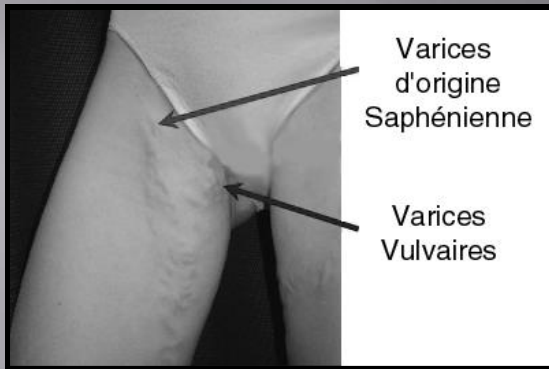


When to think of it ?

In the PCS source of SCVI, the pelvic symptoms are in the background

It is the clinical examination and the Dupplex Scan which direct the diagnosis :

- No reflux of the sapheno femoral junction
- Atypical varices +/- vulvar and/or perineal varices
- Recurrence without source at the level of the lower limbs



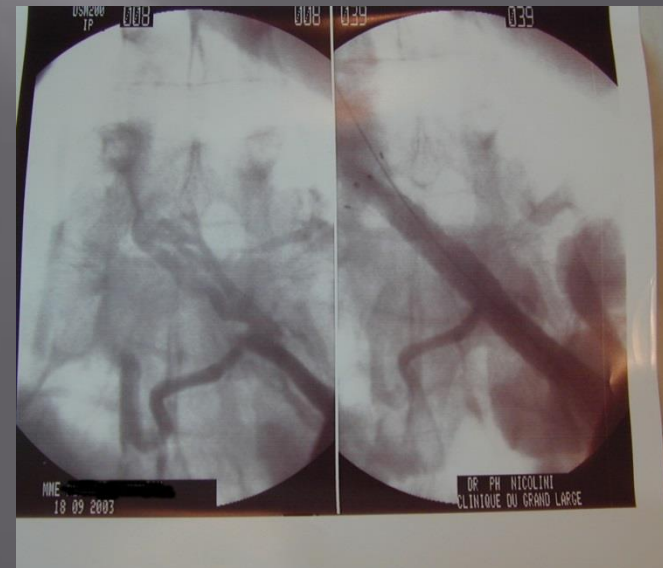
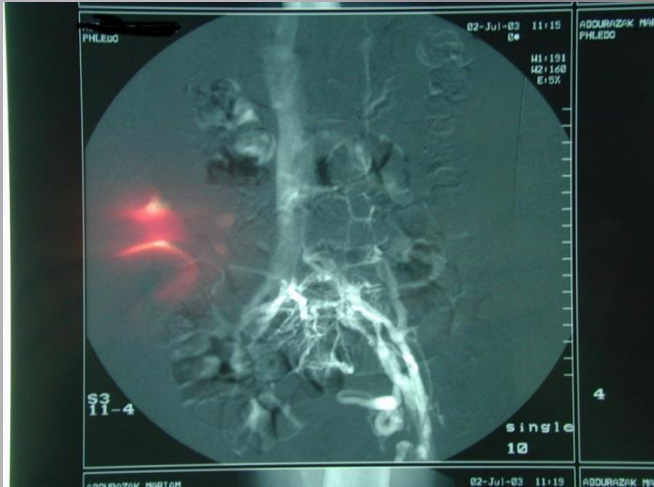
Take care !!!

The PCS is primary most of time (90 %) : Multipare woman, multiple or twin pregnancies, big babies, ...

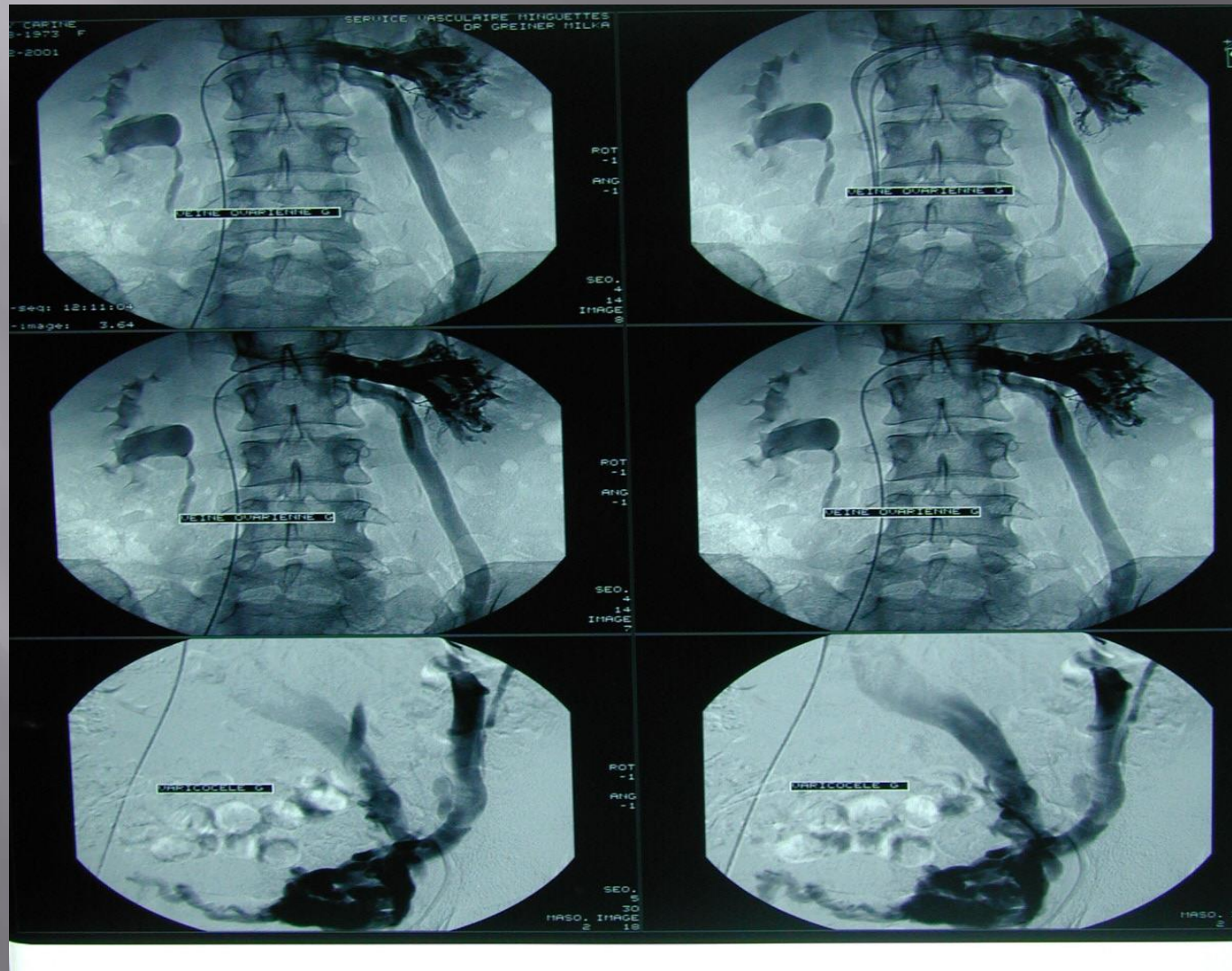
The PCS is rarely a consequence (10 %) :

May Turner, post thrombotic syndrom, Nutcracker syndrom, others extrinsic compressions, ...

MAY THURNER AND POST THROMBOTIC SYNDROM



NUTCRACKER SYNDROME



Take care !!

**BEFORE TREATMENT OF THE PCS, IT IS
NECESSARY TO ELIMINATE A PRIMARY
ETIOLOGY**

How to do ?

IN CASE OF DOUBT, IT IS NECESSARY TO
REALIZE AN ADDITIONAL ASSESSMENT:

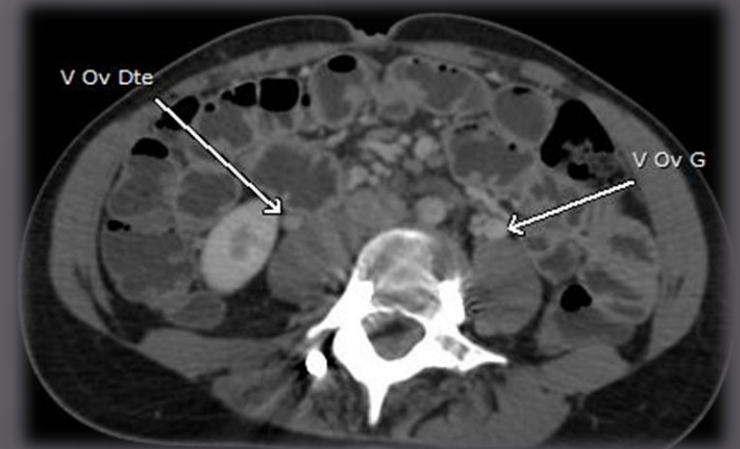
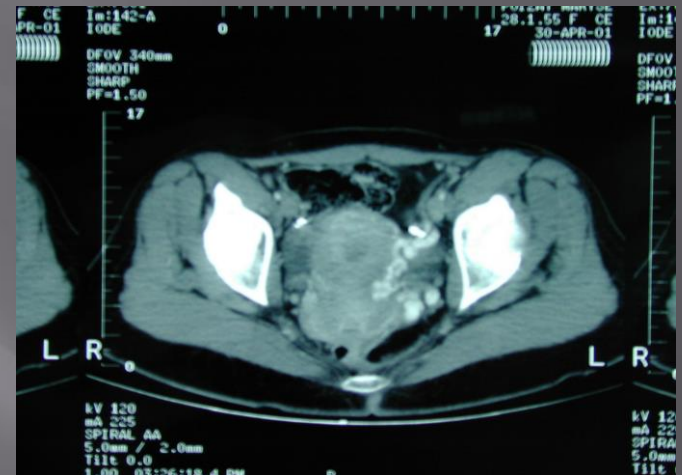
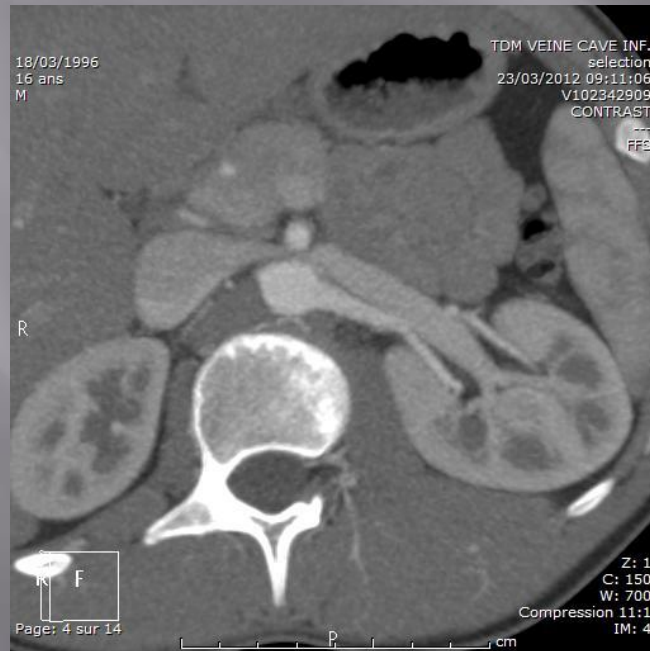
CT SCAN

RMI

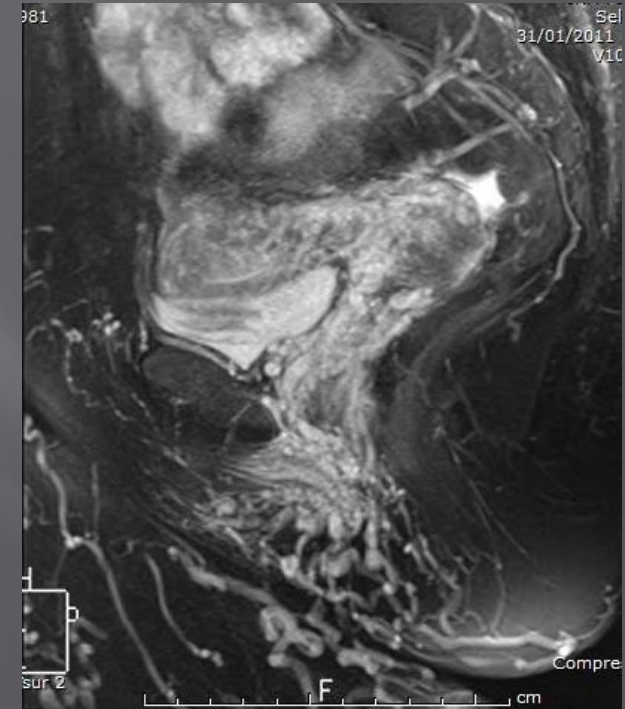
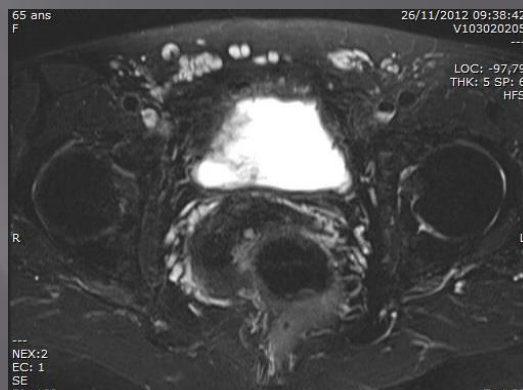
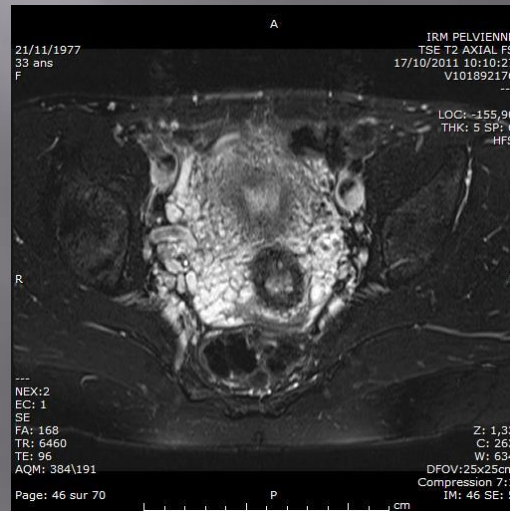
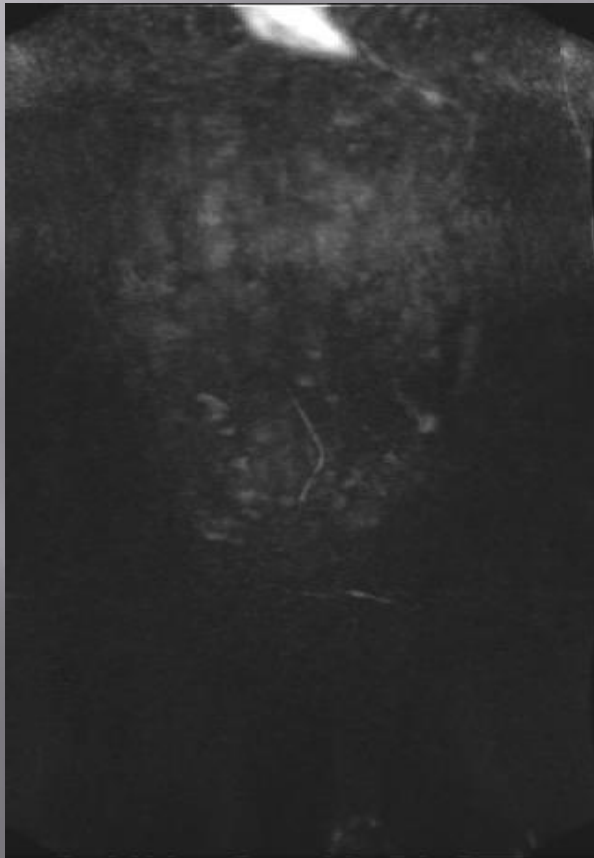
PHLEBOGRAPHY

IVUS

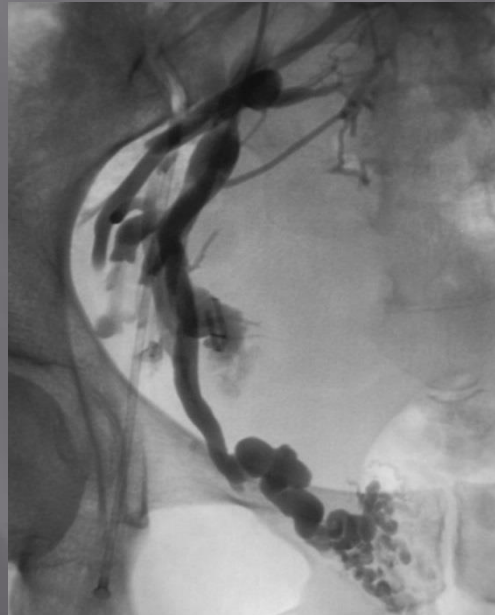
CT Scan



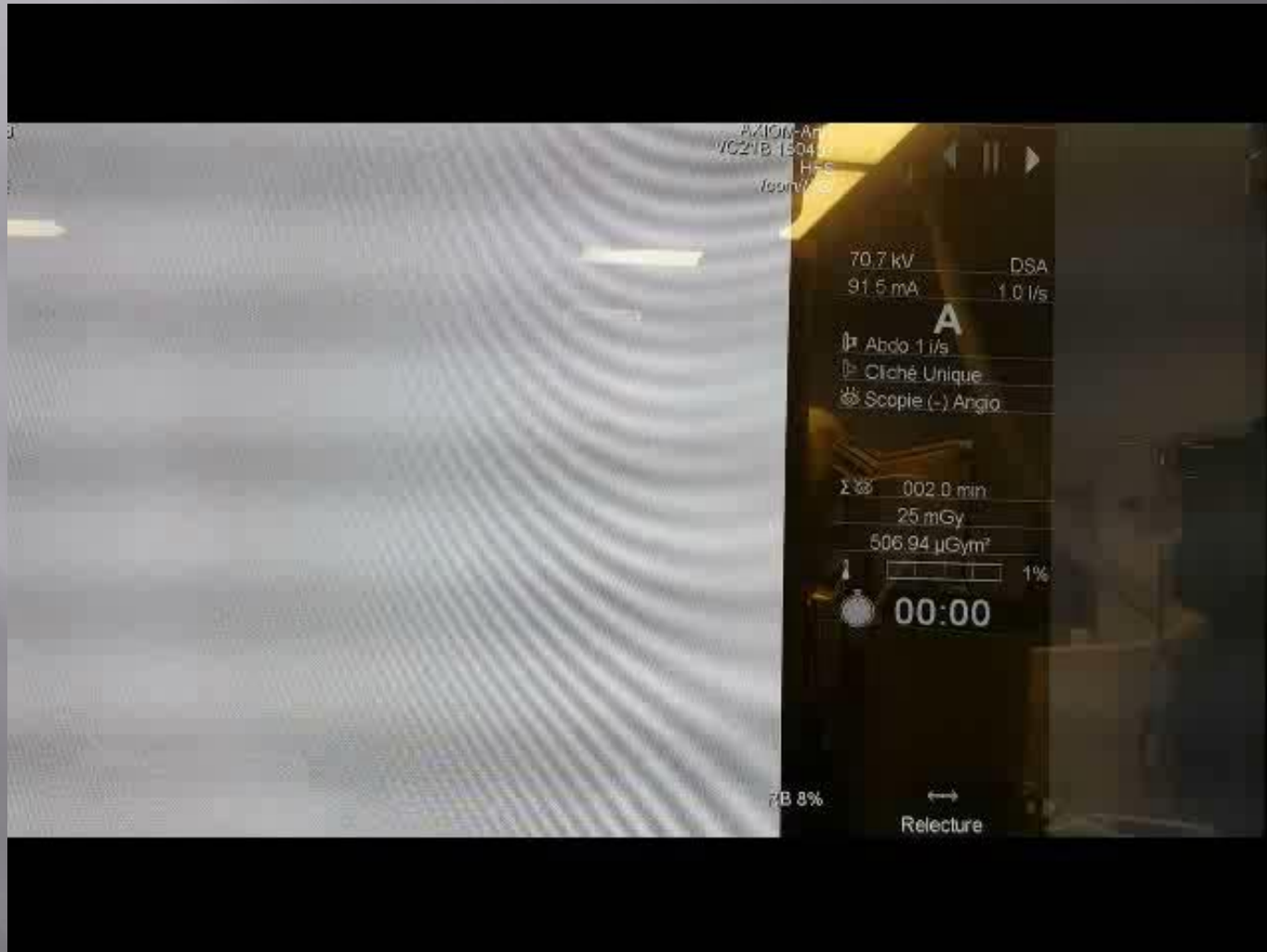
RMI



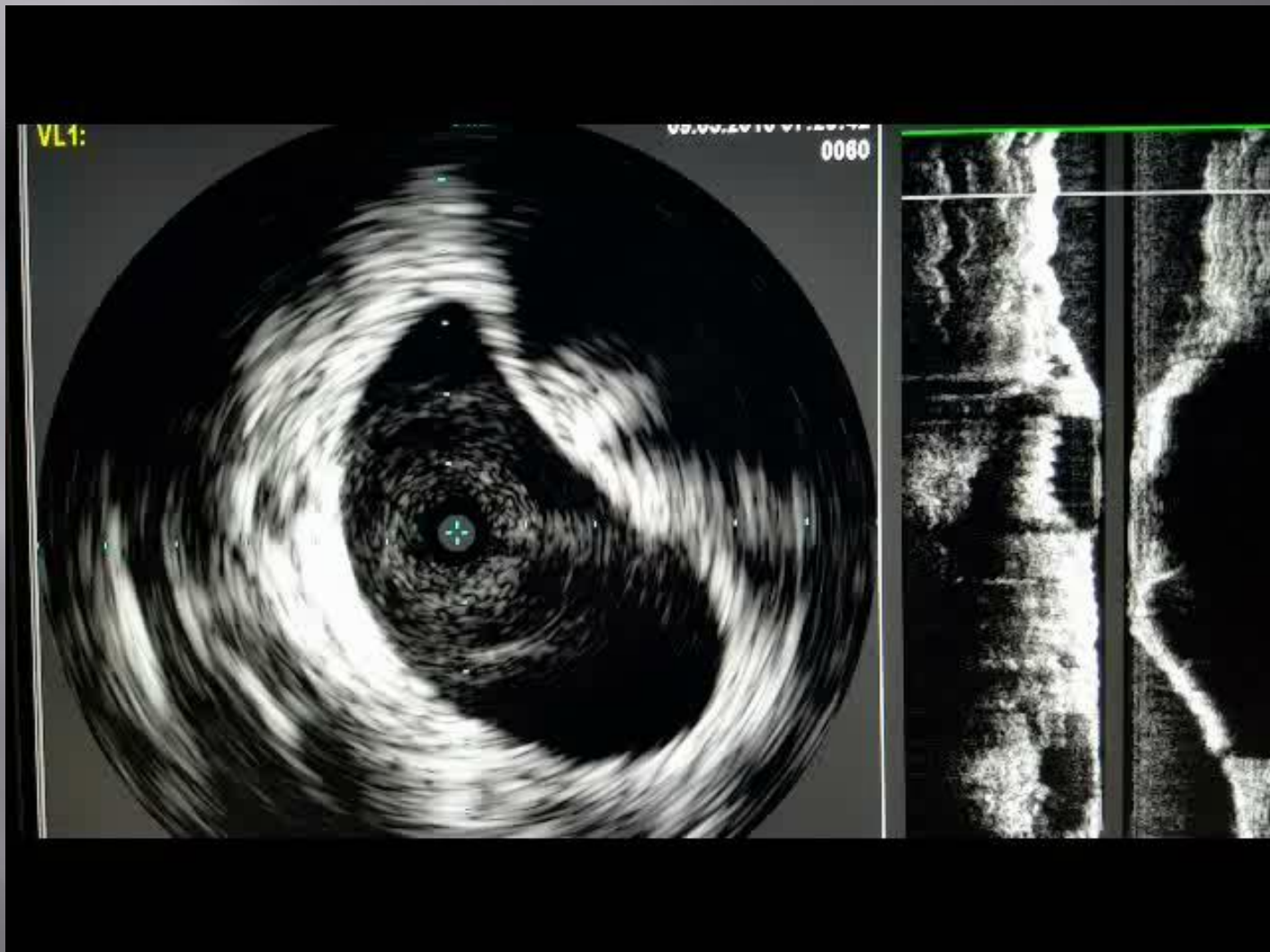
Pelvic phlebography with selective injection of the gonadic and hypogastric veins



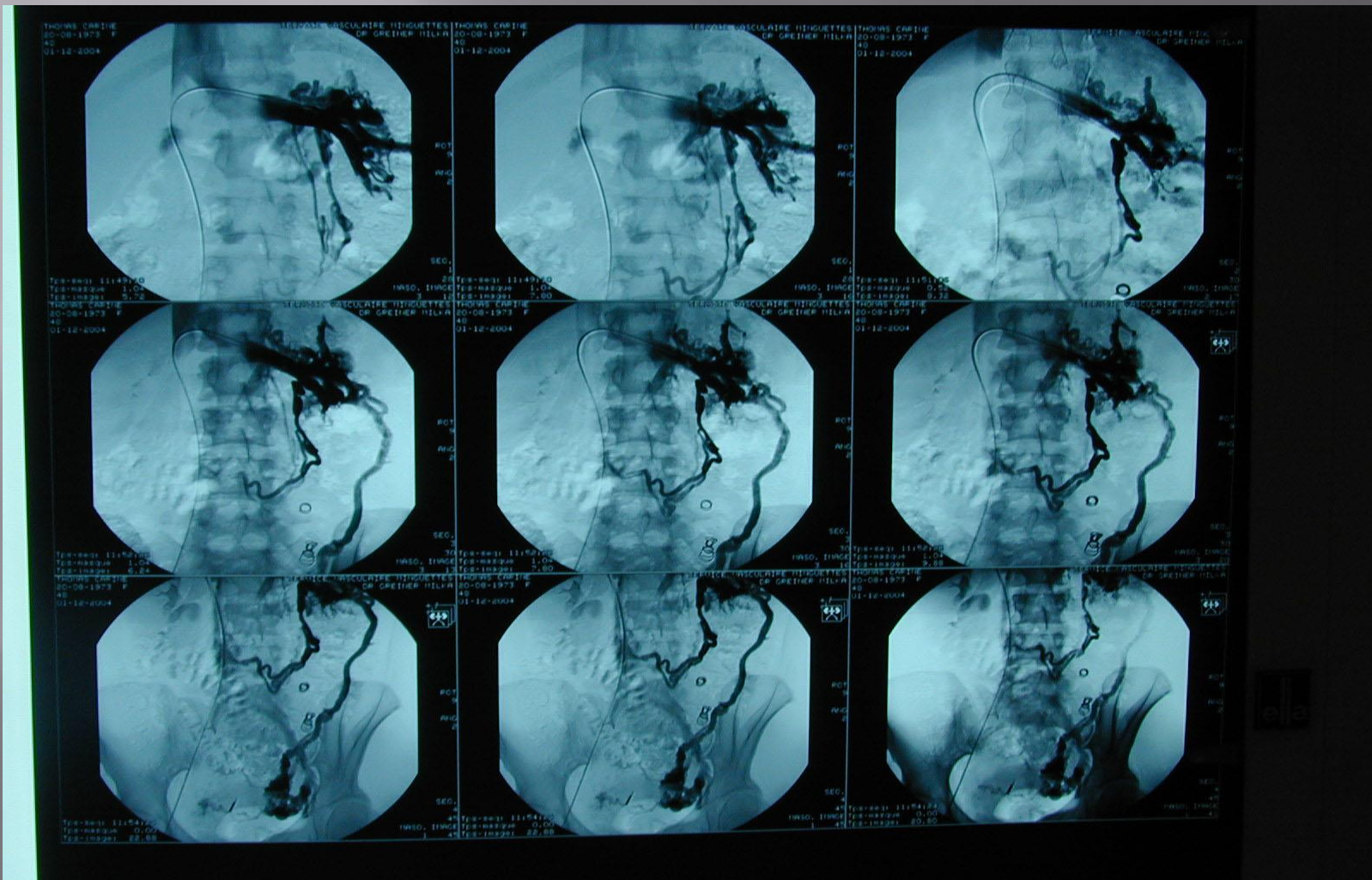
MAY THURNER: phlebography



May Thurner: IVUS

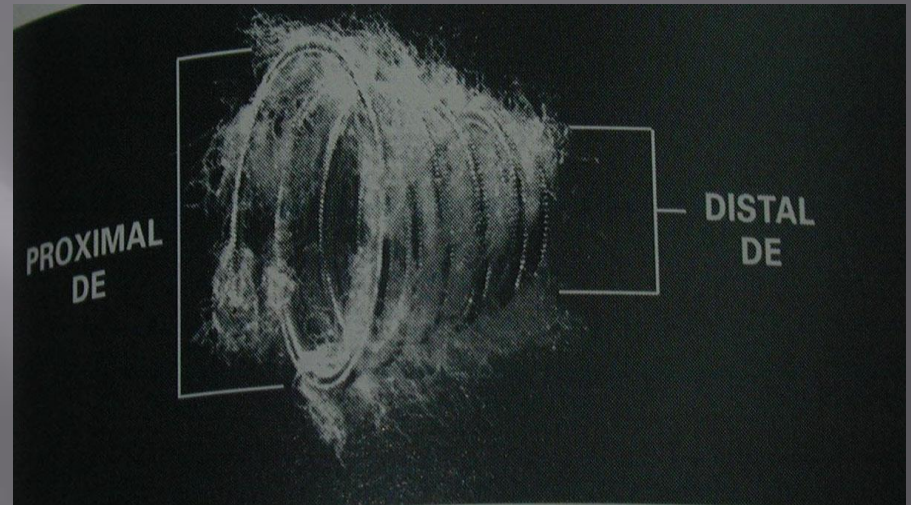
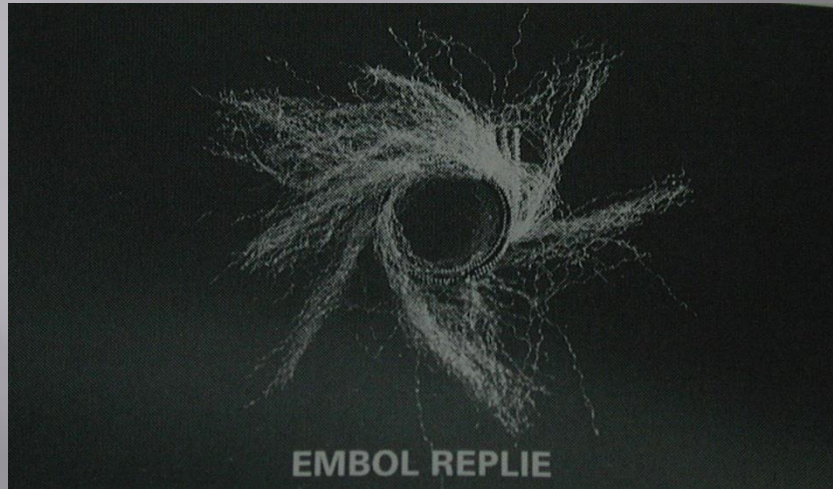


NUT CRACKER SYNDROM NOT TREATED BEFORE EMBOLIZATION

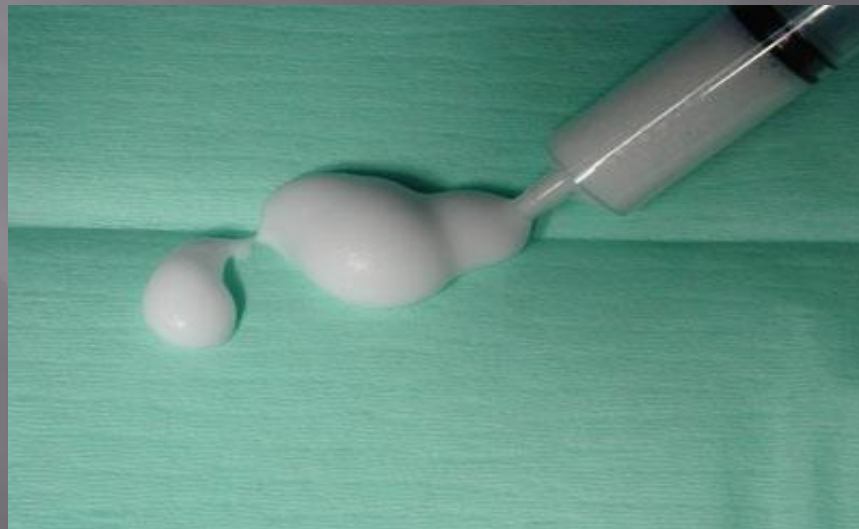


TODAY,
PERCUTANEOUS
EMBOLIZATION IS
THE REFERENCE
TREATMENT OF
THE PCS

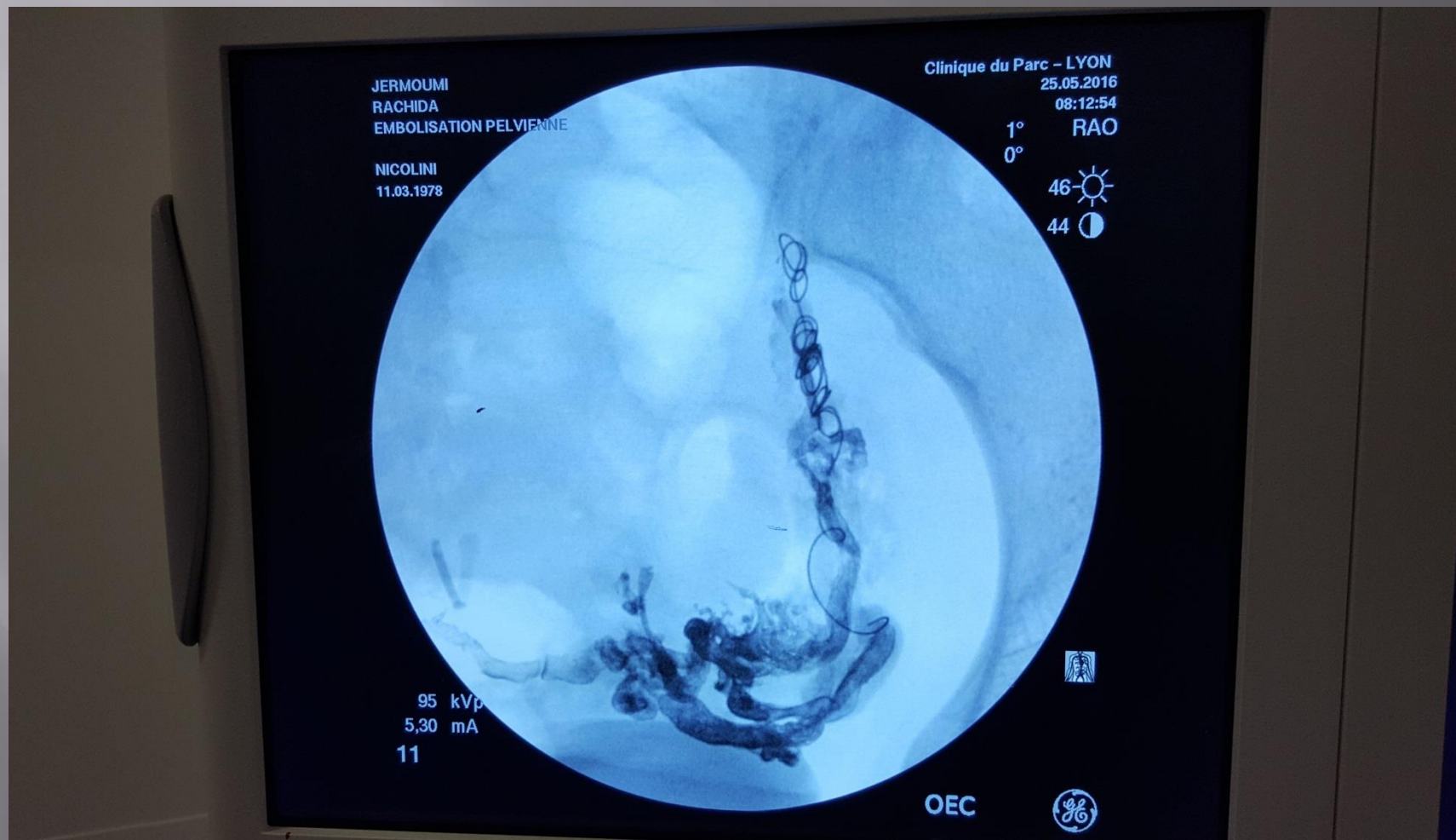
By COILS and/or PLUGS

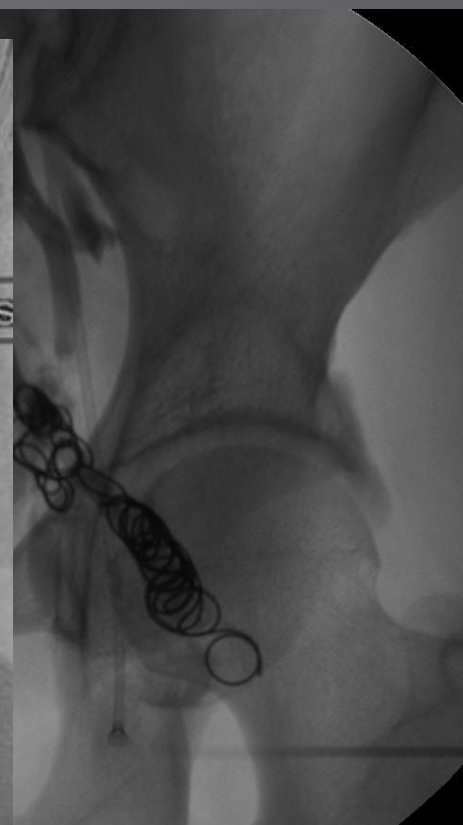
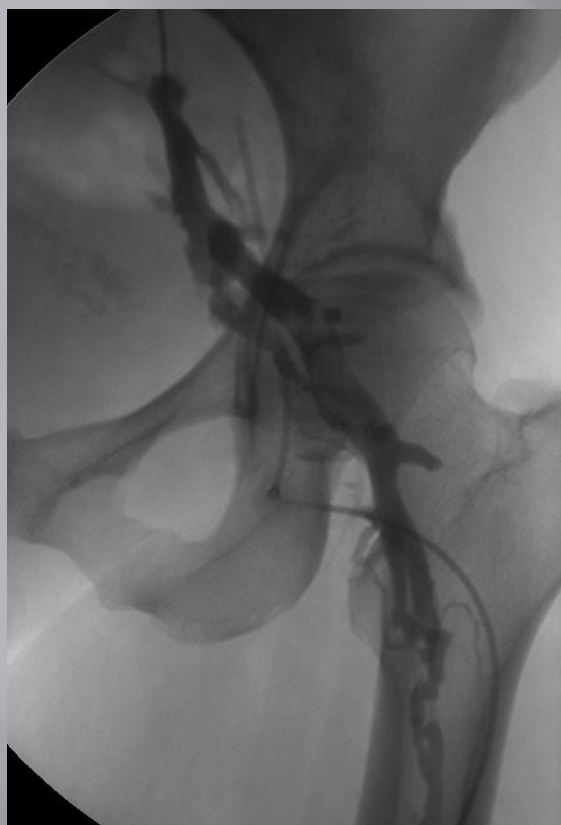


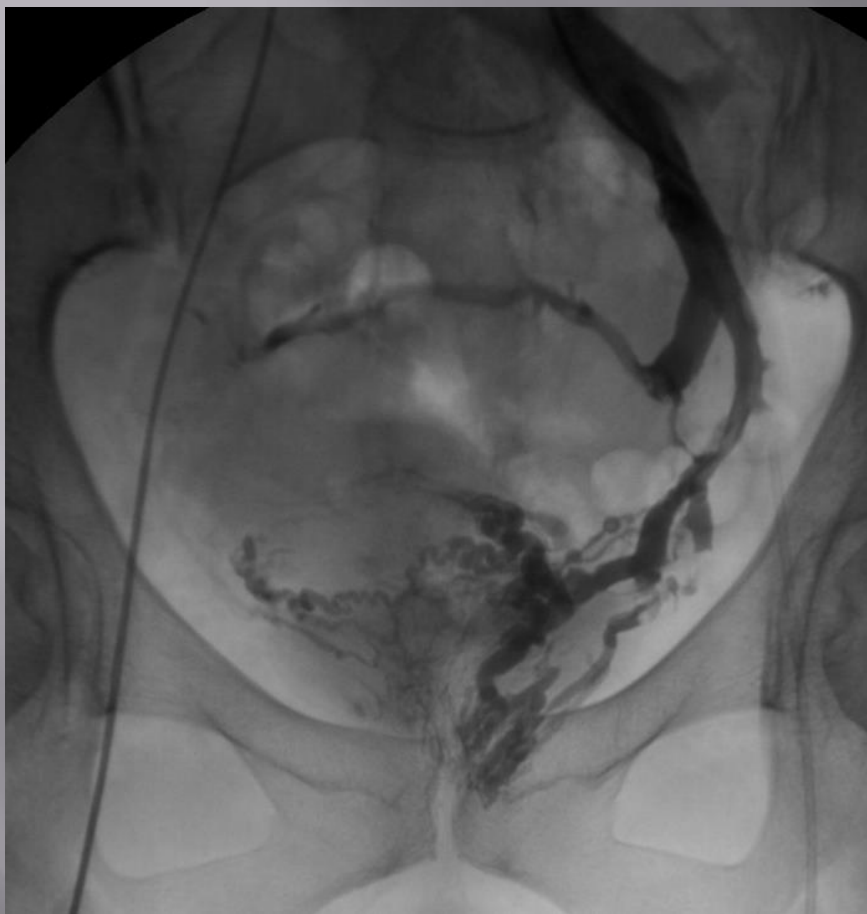
By FOAM sclerotherapy

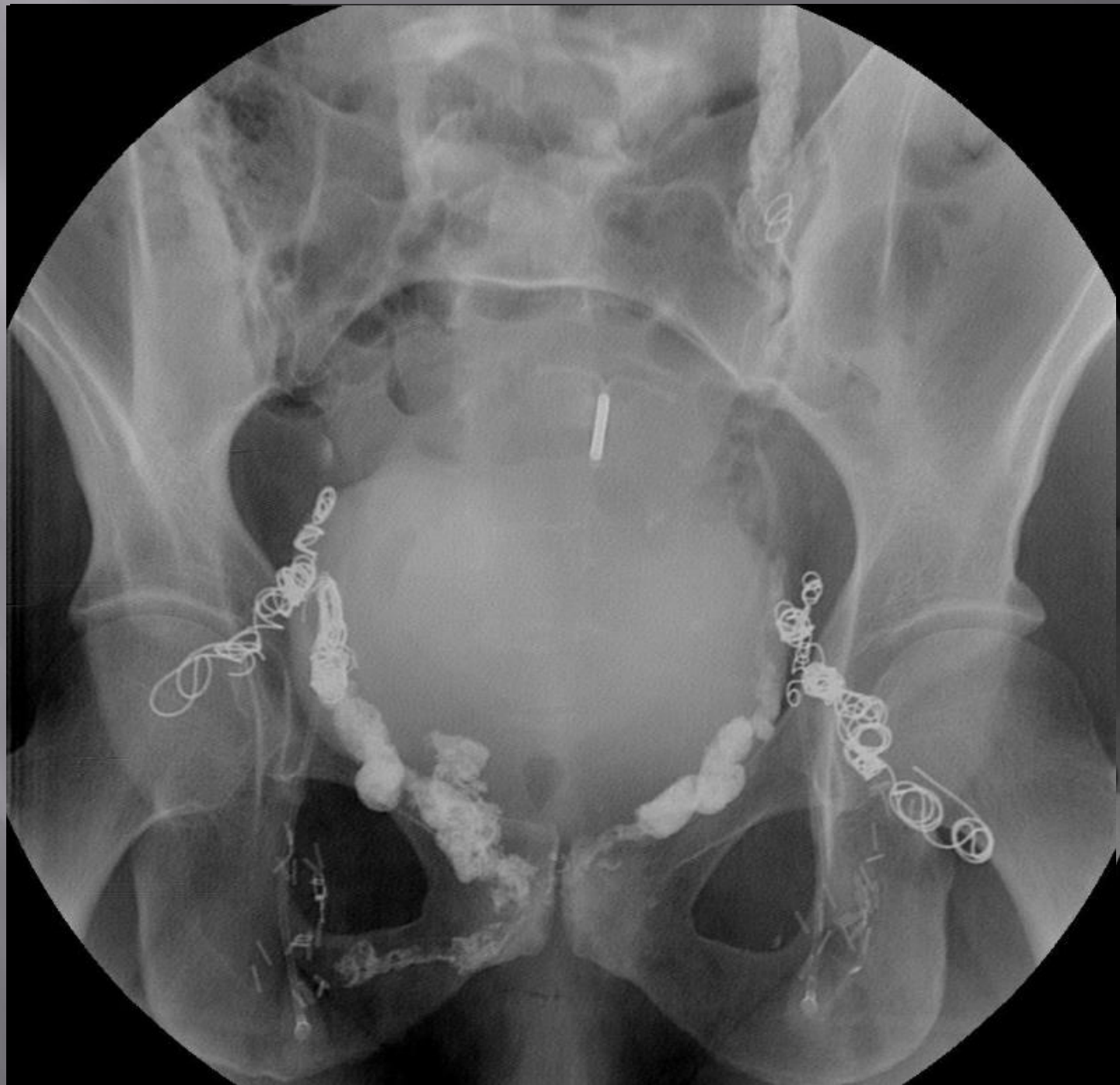


BY GLU (ONYX^R)









Conclusions

THE PCS MUST BE ALWAYS TREATED

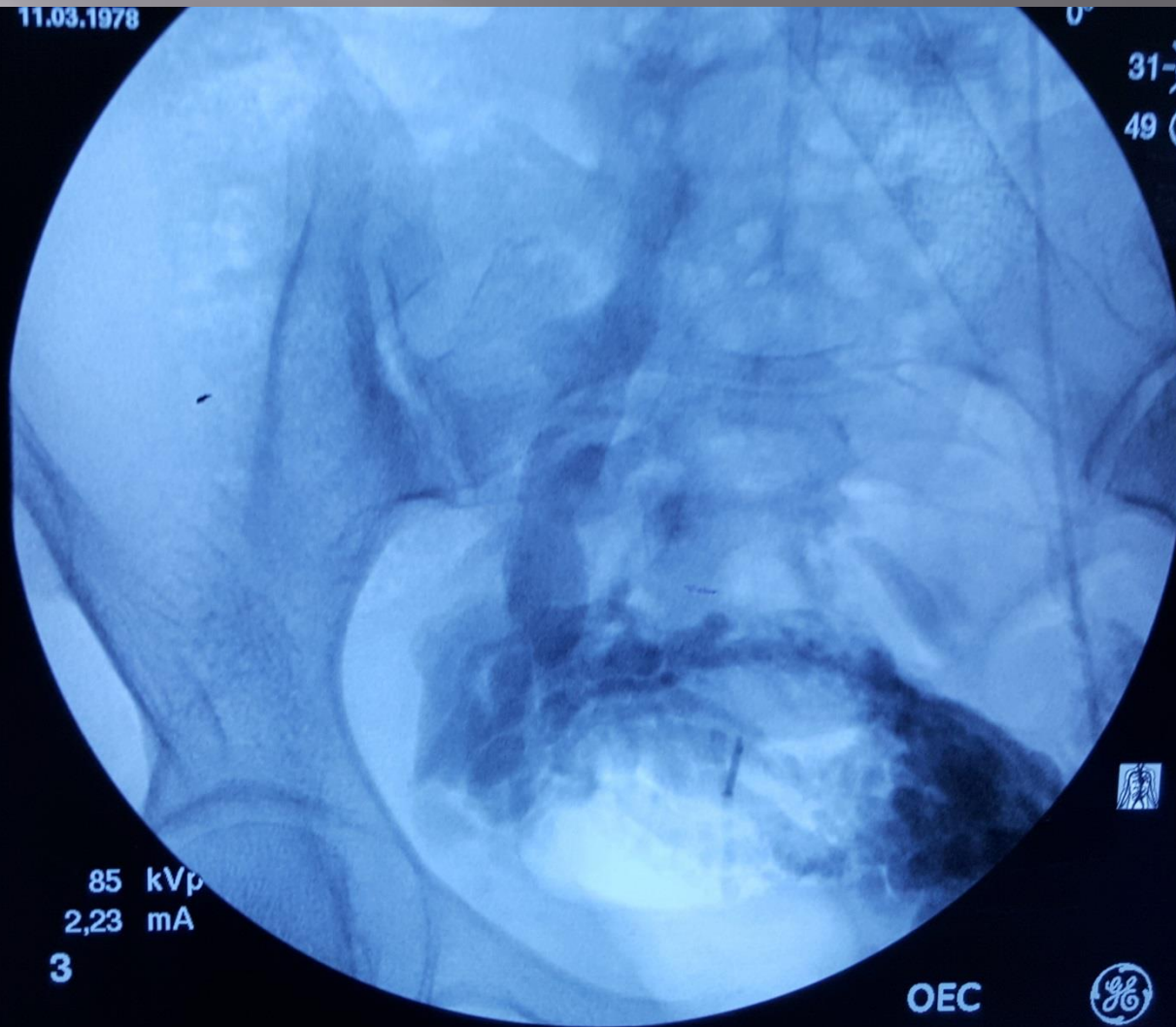
In first step in case of isolated pelvic varicose veins

Before the treatment of varicose veins if it is the source of the varicose veins of the lower limbs

After the treatment of the extrinsic compression or the PTS

11.03.1978

31-
49 



85 kVp
2,23 mA

3



OEC



Clinique du Parc -
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MI
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