MEET 2014
MULTIDISCIPLINARY EUROPEAN
ENDOVASCULAR THERAPY

Iliac vein stenting in pelvic congestion syndrome

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Faculty disclosure

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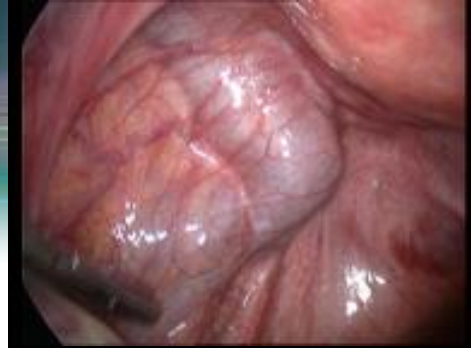
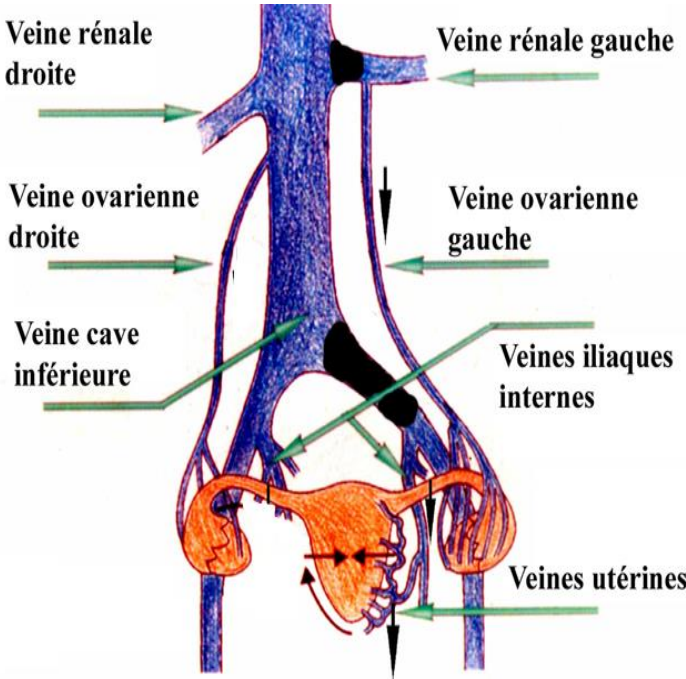
I have **no financial relationships** to disclose.

Introduction



- Pelvic congestion syndrome (PCS)
  - Underestimated
  - Mainly due to reflux into ovarian veins or branches of the internal iliac veins
- Obstructive lesions
  - Nutcracker syndrome
  - Ilio-caval obstructive disease

=>Stenting



Material and methods

- January 1996 to December 2013
  - 260 patients admitted for treatment of chronic obstructive lesions of iliac veins +/- CFV and IVC
  - All had search for PCS
  - Duplex scan and CTV/MRV in all patients

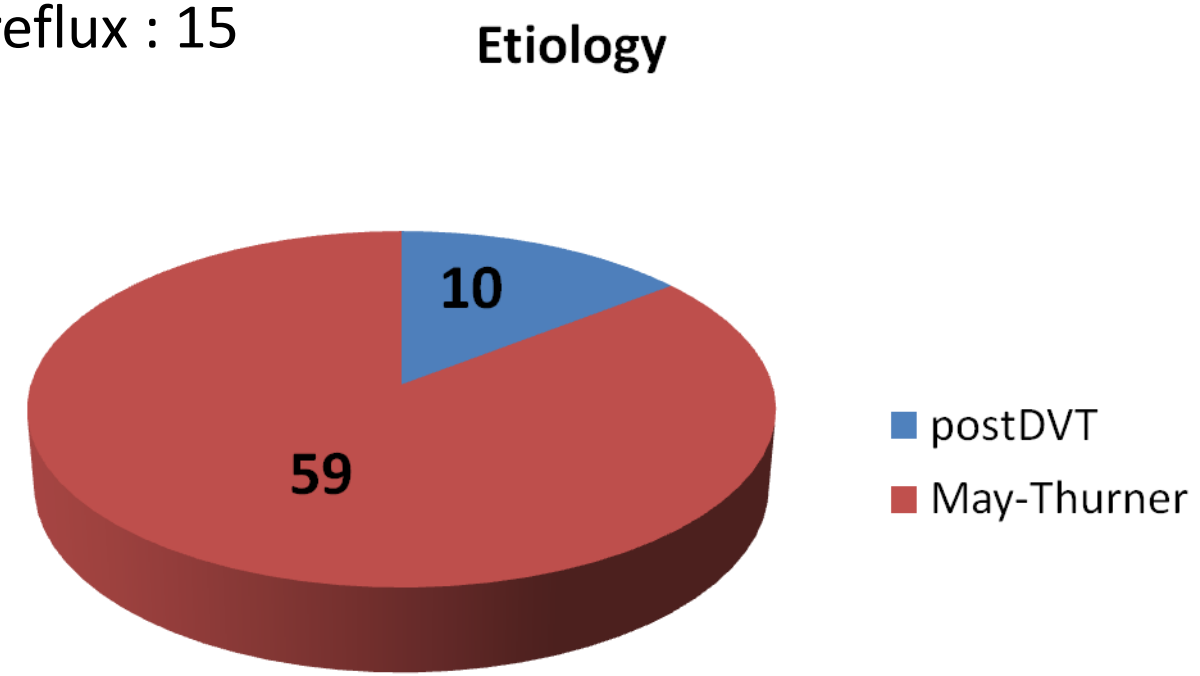
- Technique : percutaneous stenting with metallic self-expanding stent(s) under LA+sedation

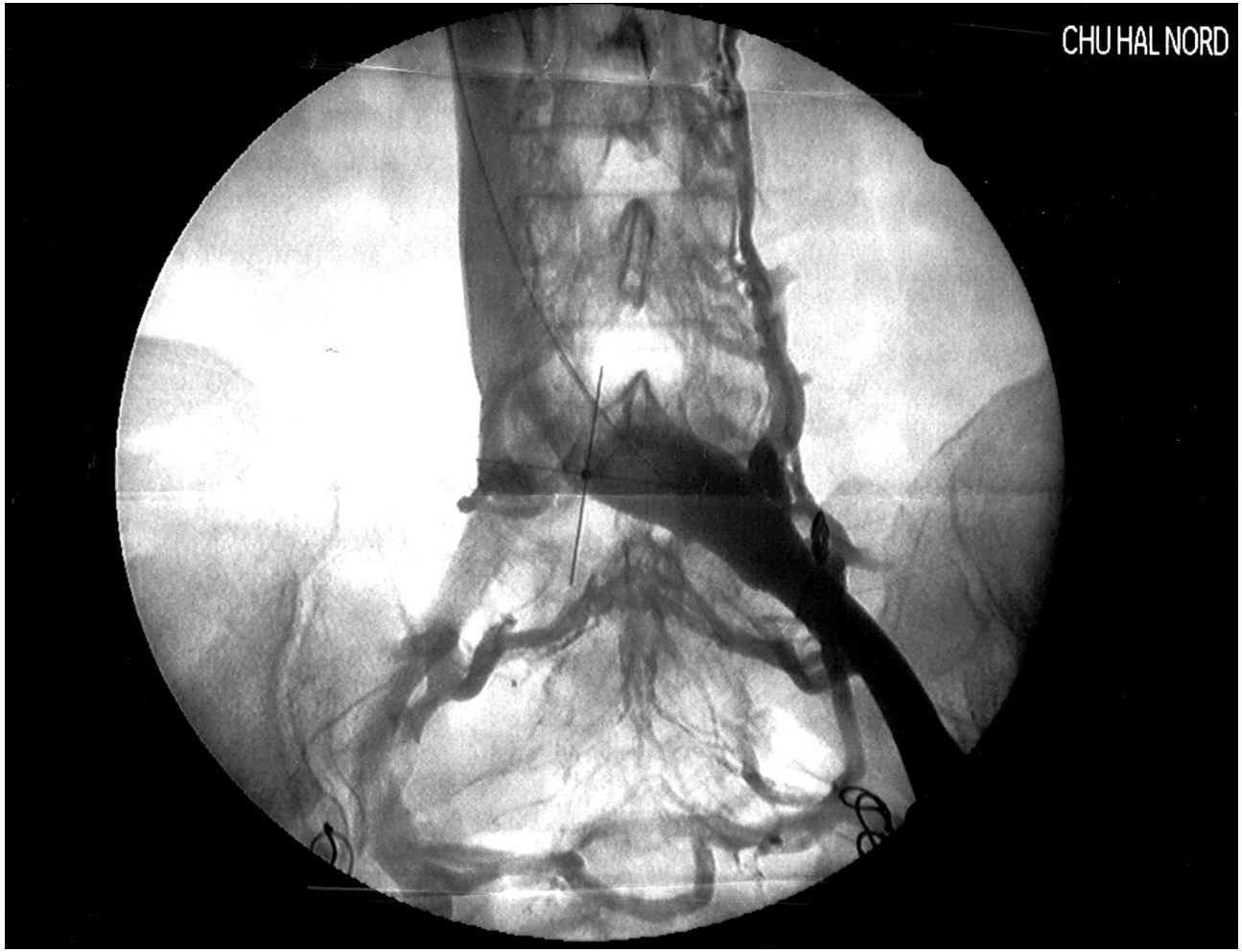
Results

- 83 women with PCS
  - 14 NCS => excluded
  - **69 with Iliac vein lesions without NCS**
    - Median age 42 years
- Symptoms
  - Chronic pelvic pain 66
  - Dyspareunia 44
  - Dysmenorrhea 46
  - Lower limbs 59

Lesions and cause

- Lesions :
  - Occlusion : 9
  - Left ovarian vein reflux : 15

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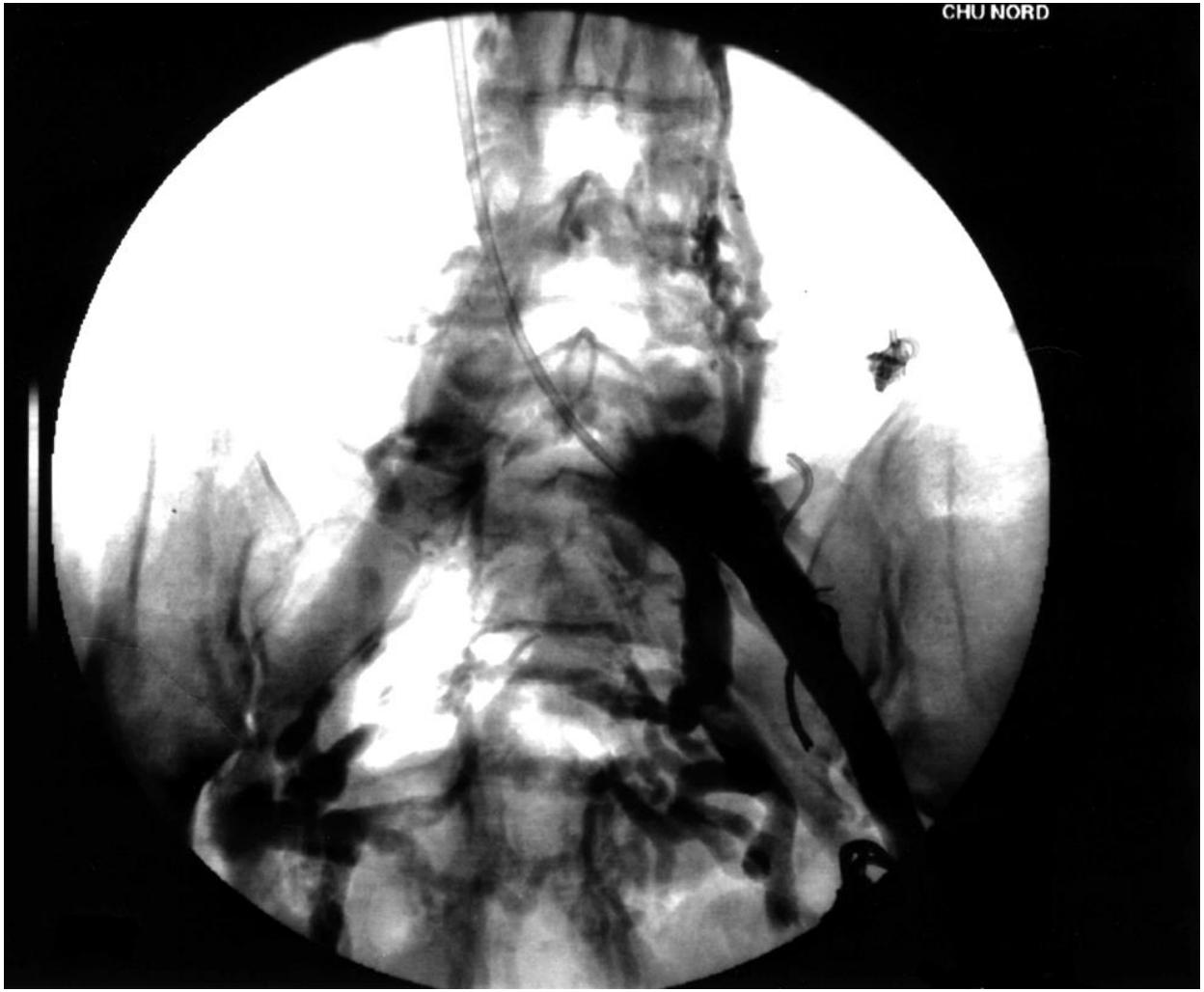
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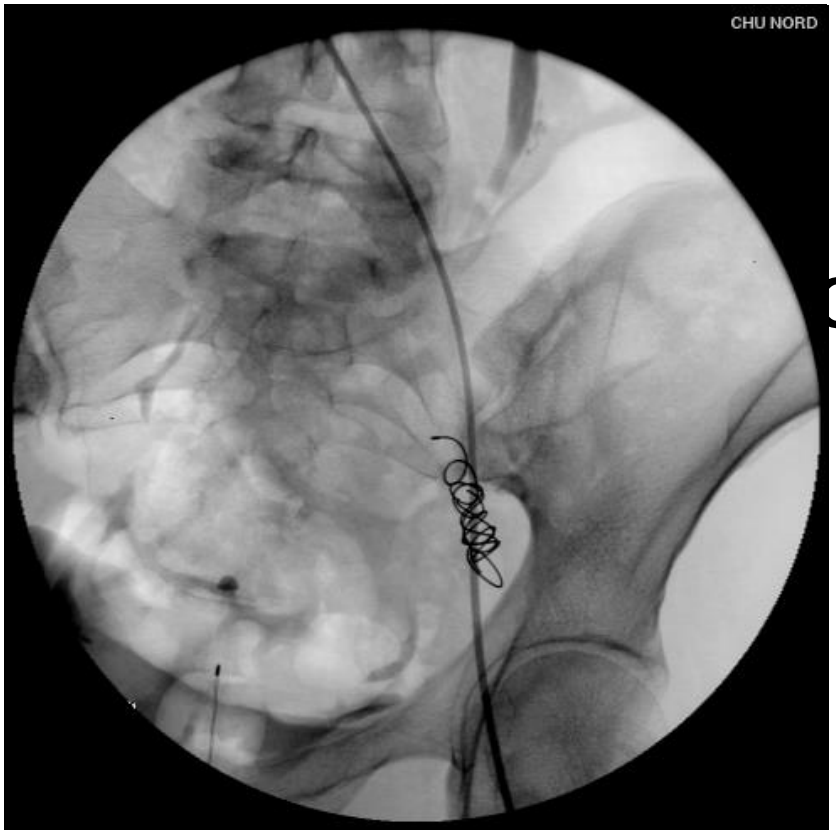
Results

- Technical success : 100%
- Stents : median N 1 (1-6)
  - Median length of stented vein 60 mm (60-440)
  - Median stent diameter 16 mm
- Associated procedures
  - LOV embolization : 15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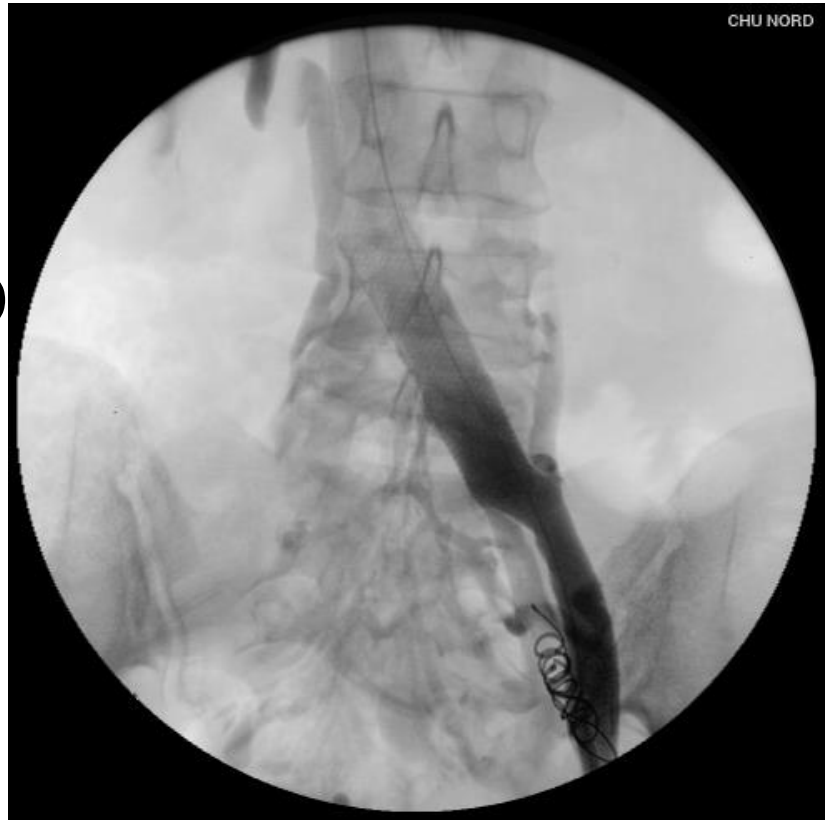
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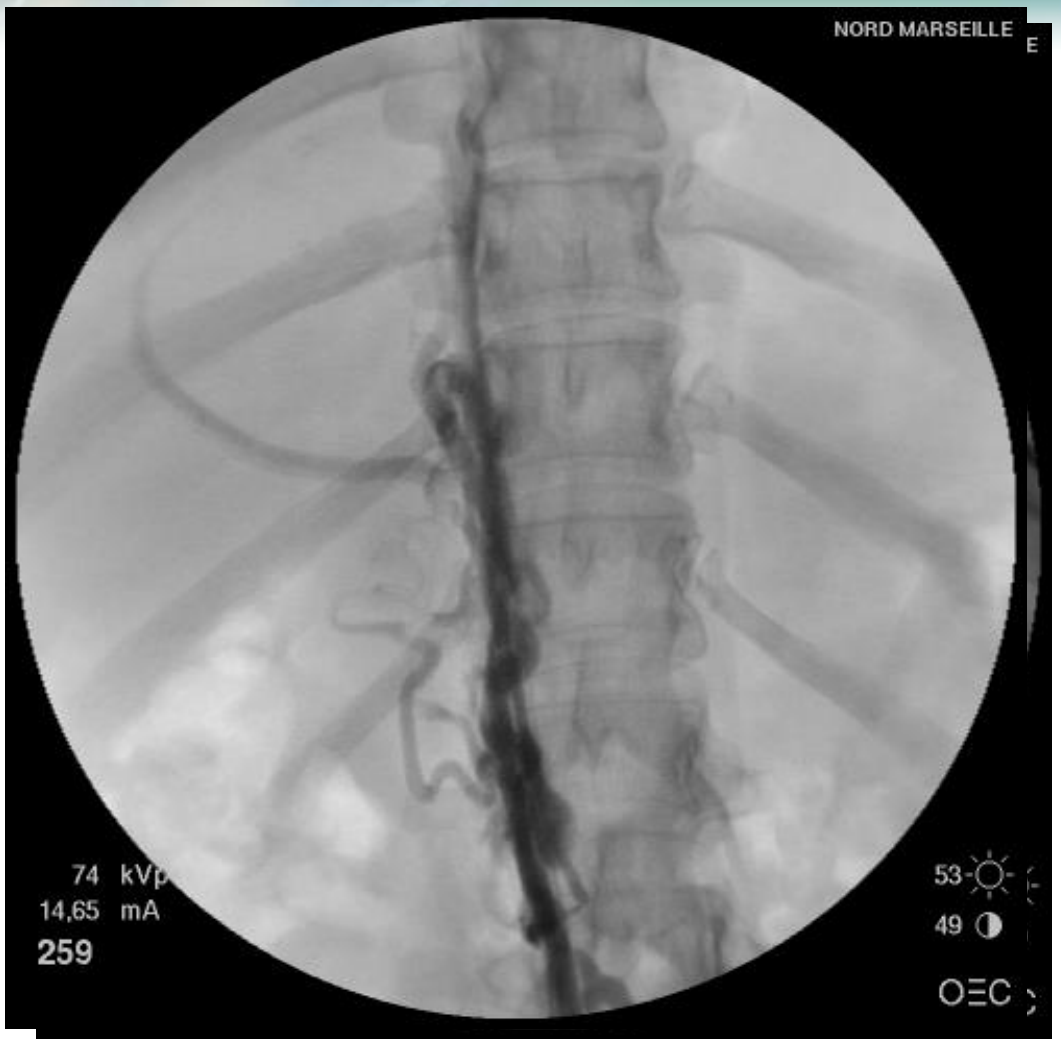
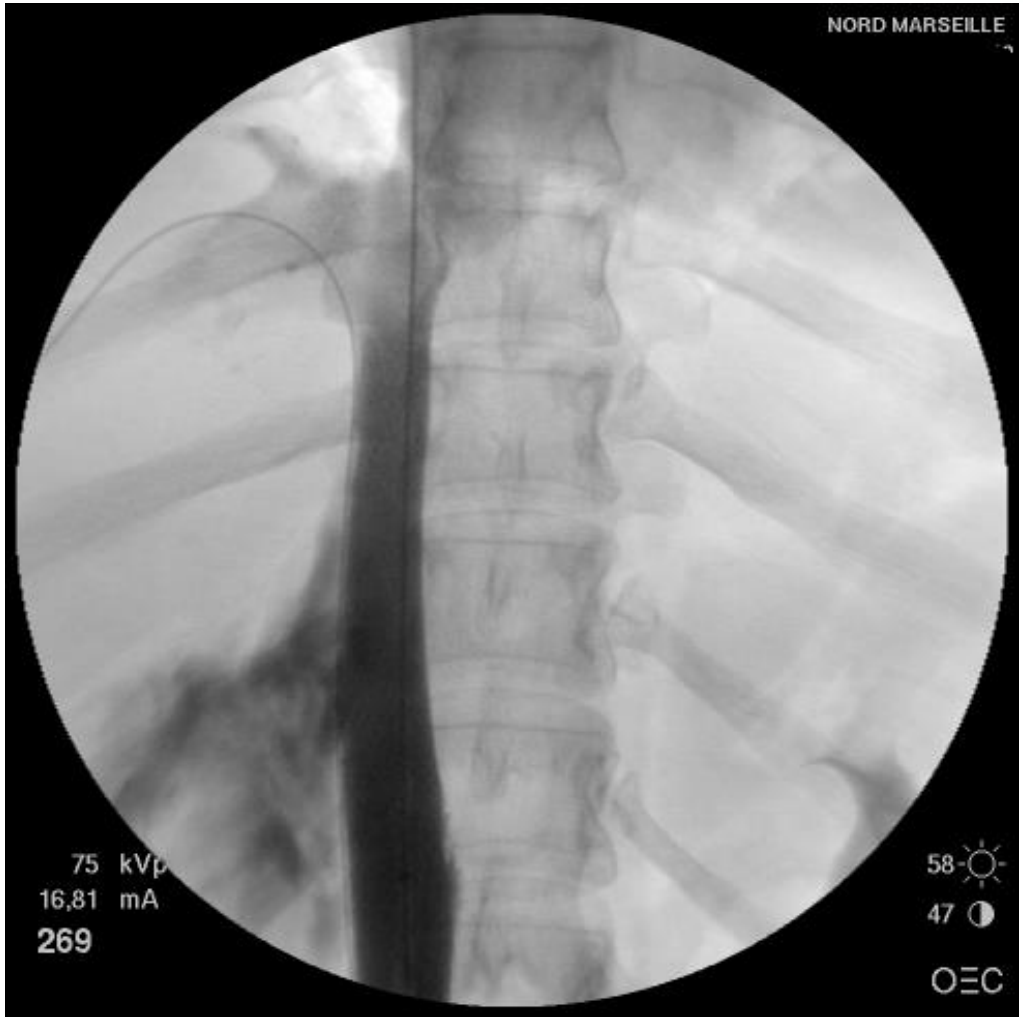
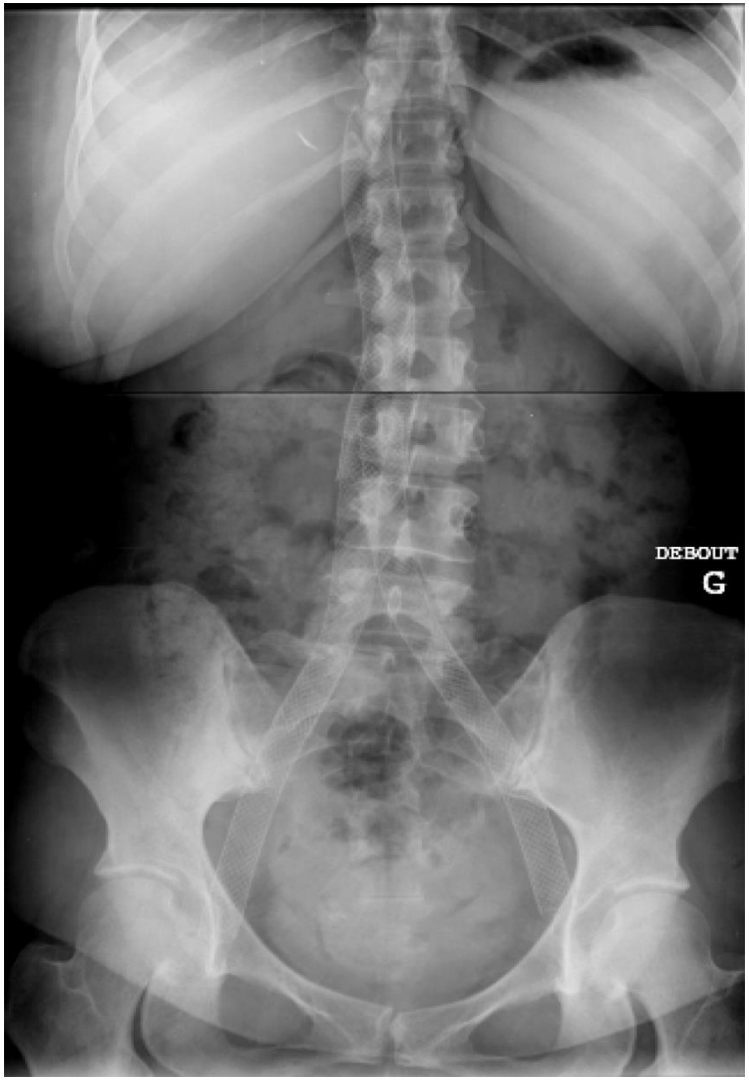
Bi-ilio-caval recanalization



Bi-ilio-caval recanalization



Bi-ilio-caval recanalization



Early results

- No complications
- Median length of stay : 1 day (1-4)
- Treatment at discharge
  - LMWH 3 weeks + clopidogrel 1 year : 55
  - Oral anticoagulation 1 year : 14

Late results

- Median follow-up : 32 months (1-150)
- Patency rates : PP 95%, aPP 100% at 5 and 10 Y
- Reinterventions
  - 3 restenosis (M2, M4, M8) => 1 BA, 2 additional stenting
  - 1 reembolization of LOV at 12 months
  - 2 embolizations of right IIV branches at 9Y

=> all were improved

Late results on PCS

- All patients but 5 were significantly improved (31 asymptomatic)

Discussion

- Percutaneous technique
- Iliac vein stenting =>Excellent results in term of safety and of patency reported by retrospective studies
- PCS : 92% improved (45% asymptomatic)

Conclusion

- PCS can be due to obstructive ilio-caval lesions
  - Can cause failure of treatment by embolization if not diagnosed
- Stenting is an effective and durable way to treat these patients