

PELVIC CONGESTION SYNDROME

PELVIC CONGESTION SYNDROME

Pelvic congestion syndrome (PCS) is among the differential diagnoses to be considered in female patients presenting with chronic pelvic pain and may be significantly underdiagnosed. PCS sufferers are typically premenopausal, multiparous women aged 20–45 years, who present with severe dull aching pelvic pain thought to be the direct result of ovarian and pelvic varicosities. The pain is usually non-cyclical, and may be precipitated by prolonged standing. Other symptoms include dysmenorrhoea, menorrhagia, rectal discomfort or urinary frequency. Signs may include tenderness over the uterus/ovaries, vulval varicosities and haemorrhoids. There may be vulval and atypically distributed thigh varicosities. The road to a diagnosis of PCS is often a long and laborious one, usually only made following extensive investigations to exclude other more common causes of pelvic pain. Abdominal, pelvic and transvaginal duplex examination allows dynamic visualisation of pelvic blood flow and should be the initial investigation of choice, as these are rapid, readily accessible outpatient procedures that are also valuable in excluding other pathologies. Alternatives include MR venography and diagnostic venography. Medical treatments for PCS include psychotherapy, progestins, danazol, gonadotropin receptor agonists (GnRH) with hormone replacement therapy, and non-steroidal anti-inflammatory drugs (NSAIDs). Historical open surgical procedures (extraperitoneal resection of ovarian veins) have now largely been superseded by percutaneous pelvic vein embolisation (Figure 62.29), reducing peri- and post-procedural morbidity while maintaining high success rates.

Figure 62.29 (a, b) Left ovarian vein incompetence supplying the pelvic and pudendal varicosities: embolisation.

Revision #1

Created 2025-12-31 15:23:23 UTC by Omar Ayman

Updated 2025-12-31 15:23:23 UTC by Omar Ayman