



MANAGEMENT OF PATIENTS WITH PELVIC REFLUX

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20 | 23 JUNE 2022

Liège | Théâtre de Liège | Belgium

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70th ESCVS

International congress of the European Society
for Cardiovascular and Endovascular Surgery



7th IMAD meeting



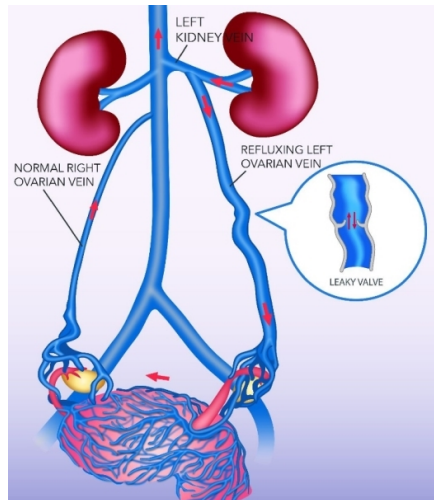
DISCLOSURES

- None

PELVIC VEIN INCOMPETENCE

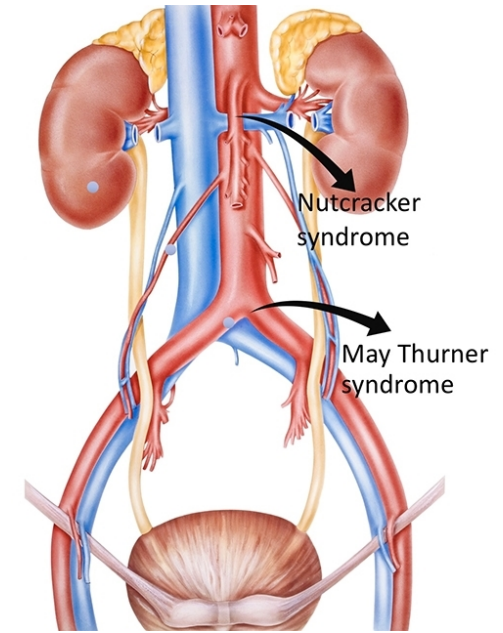
- **Primary sources:**

- Left or right gonadal vein incompetence (ovarian or testicular)
- Internal iliac vein incompetence
- Combination of both



- **Associated pathologies:**

- Extrinsic compression
 - Compression syndromes
 - Left common iliac vein compression
 - Left renal vein compression
 - Tumor mass, endometriosis
- Intraluminal obstruction (post-thrombotic changes)



CLINICAL PRESENTATION

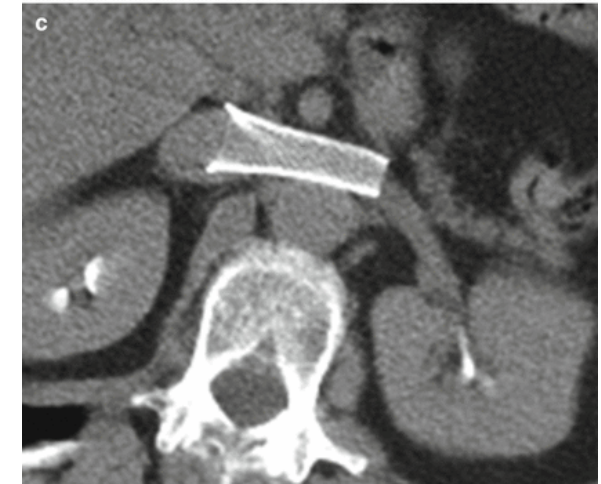
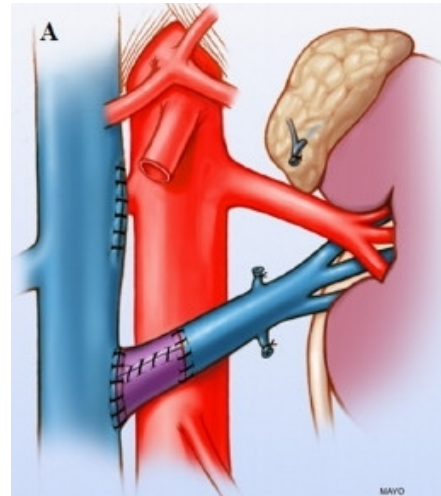
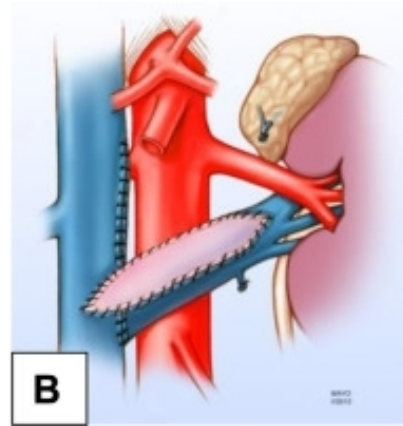
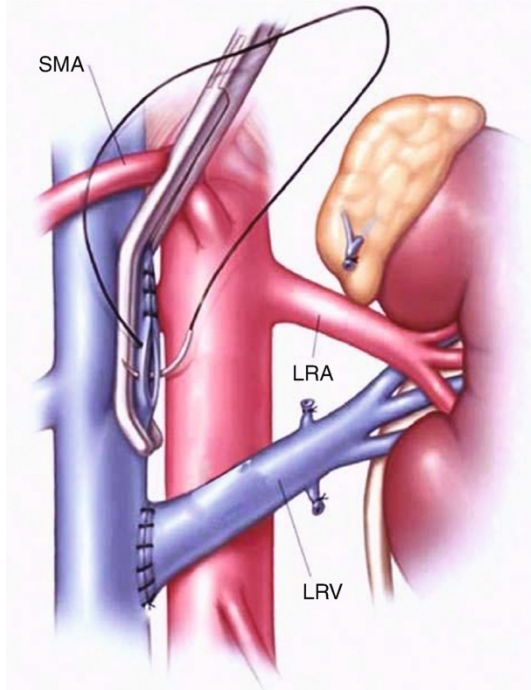
- Pelvic symptoms: chronic pelvic pain, dyspareunia, post-coital ache
- Renal symptoms: left flank pain, haematuria
- Obstructive lower extremity symptoms and signs
- Lower extremity varicose veins of pelvic origin – vulvar varicose veins



MANAGEMENT

Treat onderlying cause

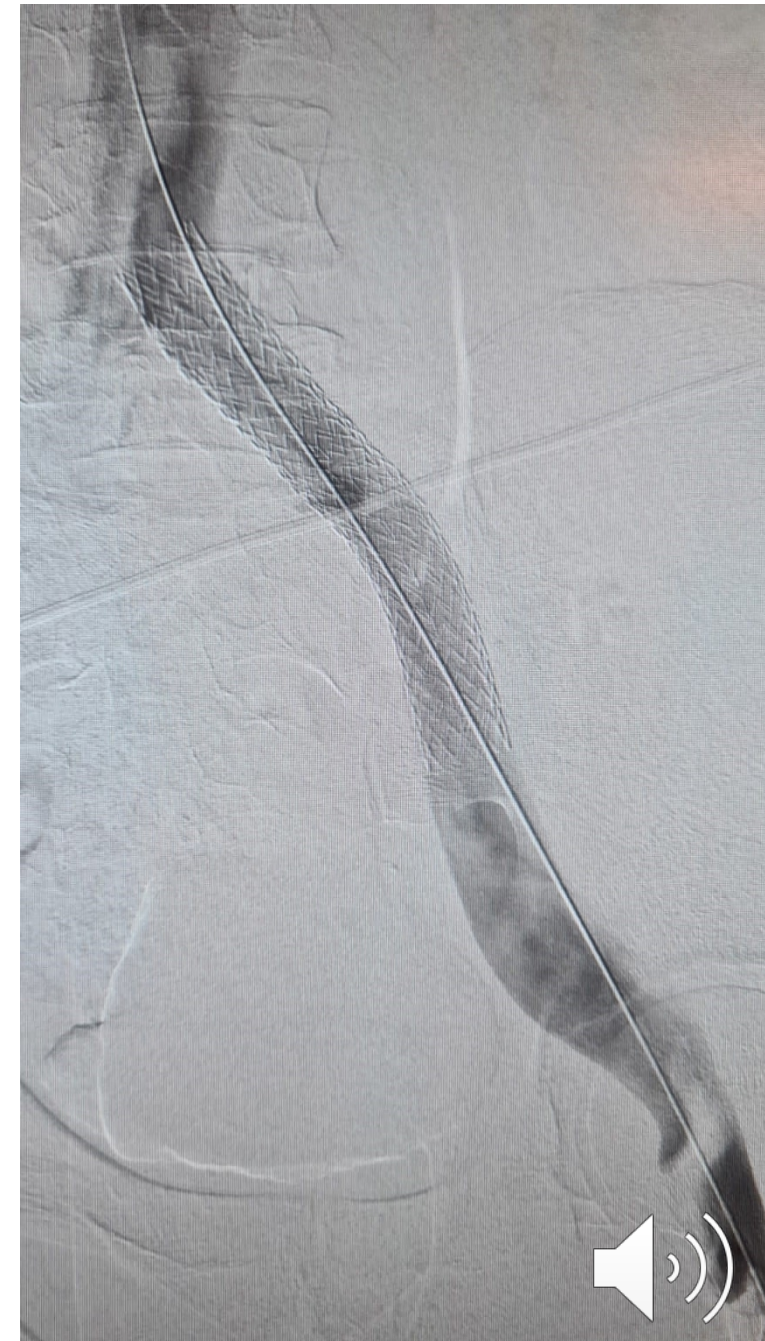
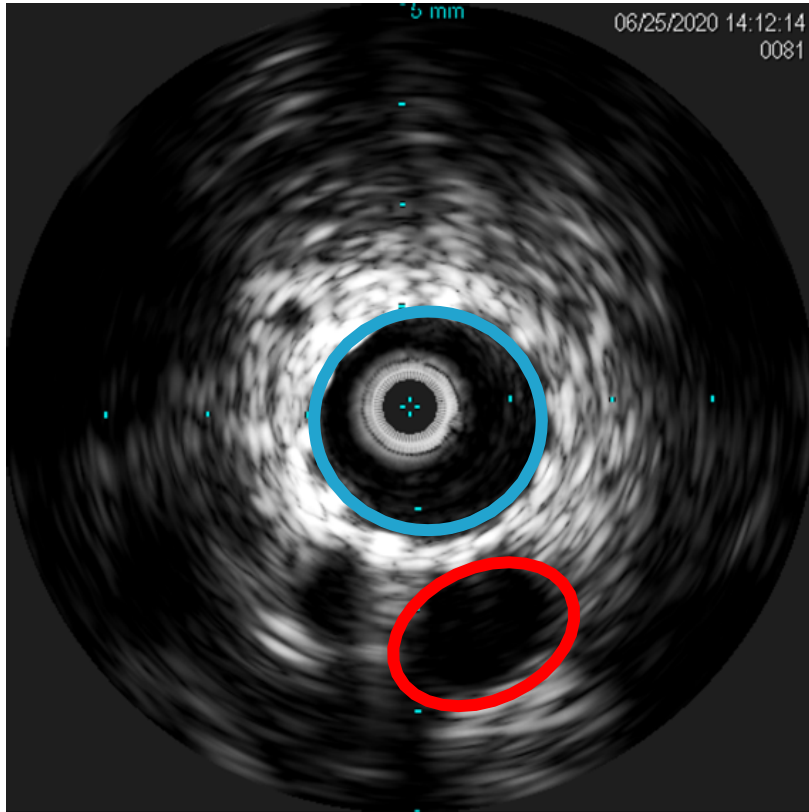
- Nutcracker (left renal vein compression): stent or transposition renal vein



MANAGEMENT

Treat onderlying cause

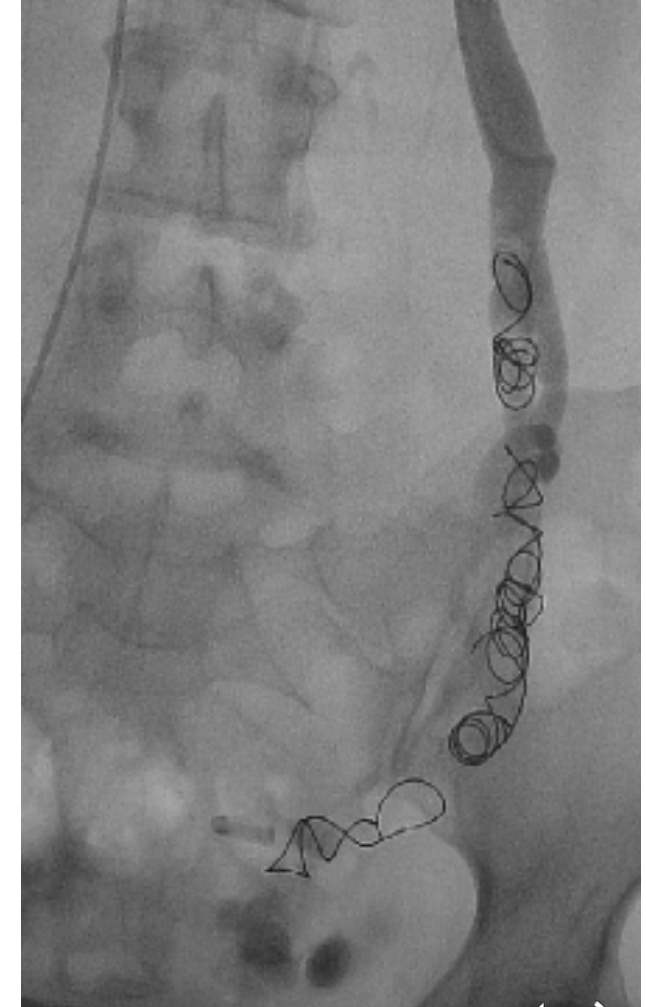
- May Turner (left CIV compression): stent placement



MANAGEMENT

Treat onderlying cause

- Insufficient gonadal/internal iliac vein: embolisation



VARICOSE VEINS OF PELVIC ORIGIN

- Atypical varicose veins (non-saphenous distribution)
- Saphenous truncal incompetence (GSV, AASV, SSV) and related varicosities
- Vulvar varicose veins



CLINICAL PRACTICE GUIDELINE DOCUMENT

Editor's Choice – European Society for Vascular Surgery (ESVS) 2022 Clinical Practice Guidelines on the Management of Chronic Venous Disease of the Lower Limbs[☆]

Marianne G. De Maeseneer ^{*,a}, Stavros K. Kakkos ^a, Thomas Aherne ^a, Niels Baekgaard ^a, Stephen Black ^a, Lena Blomgren ^a, Athanasios Giannoukas ^a, Manjit Gohel ^a, Rick de Graaf ^a, Claudine Hamel-Desnos ^a, Arkadiusz Jawien ^a, Aleksandra Jaworucka-Kaczorowska ^a, Christopher R. Lattimer ^a, Giovanni Mosti ^a, Thomas Noppeney ^a, Marie Josee van Rijn ^a, Gerry Stansby ^a

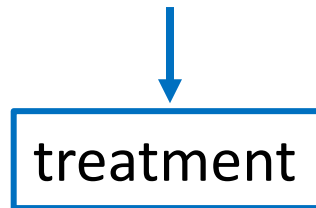
ESVS Guidelines Committee ^b, Philippe Kolh, Frederico Bastos Goncalves, Nabil Chakfé, Raphael Coscas, Gert J. de Borst, Nuno V. Dias, Robert J. Hinchliffe, Igor B. Koncar, Jes S. Lindholt, Santi Trimarchi, Riikka Tulamo, Christopher P. Twine, Frank Vermassen, Anders Wanhainen

Document Reviewers ^c, Martin Björck, Nicos Labropoulos, Fedor Lurie, Armando Mansilha, Isaac K. Nyamekye, Marta Ramirez Ortega, Jorge H. Ulloa, Tomasz Urbanek, Andre M. van Rij, Marc E. Vuylsteke



TREATMENT OF PATIENTS WITH VARICOSE VEINS OF PELVIC ORIGIN

Among patients presenting with varicose veins of pelvic origin, <10% have been reported to have pelvic symptoms.



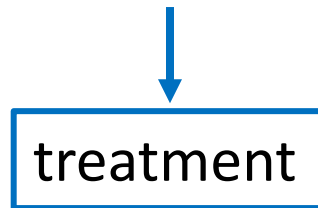
patients with varicose veins of pelvic origin
without pelvic symptoms requiring treatment

patients with varicose veins of pelvic origin with
pelvic symptoms requiring treatment



TREATMENT OF PATIENTS WITH VARICOSE VEINS OF PELVIC ORIGIN

Among patients presenting with varicose veins of pelvic origin, <10% have been reported to have pelvic symptoms.



patients with varicose veins of pelvic origin
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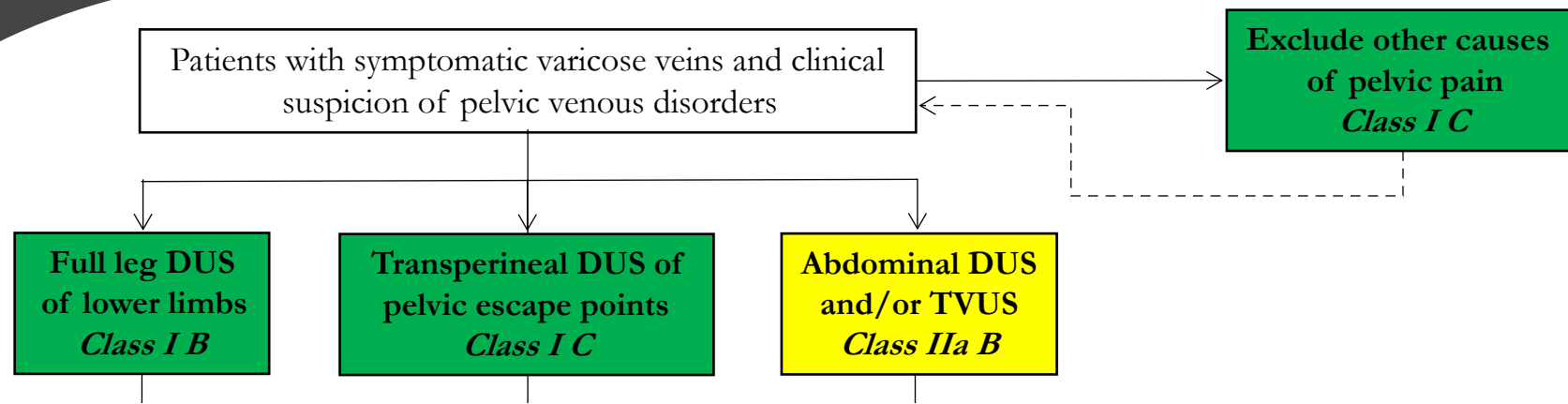
patients with varicose veins of pelvic origin **with**
pelvic symptoms requiring treatment

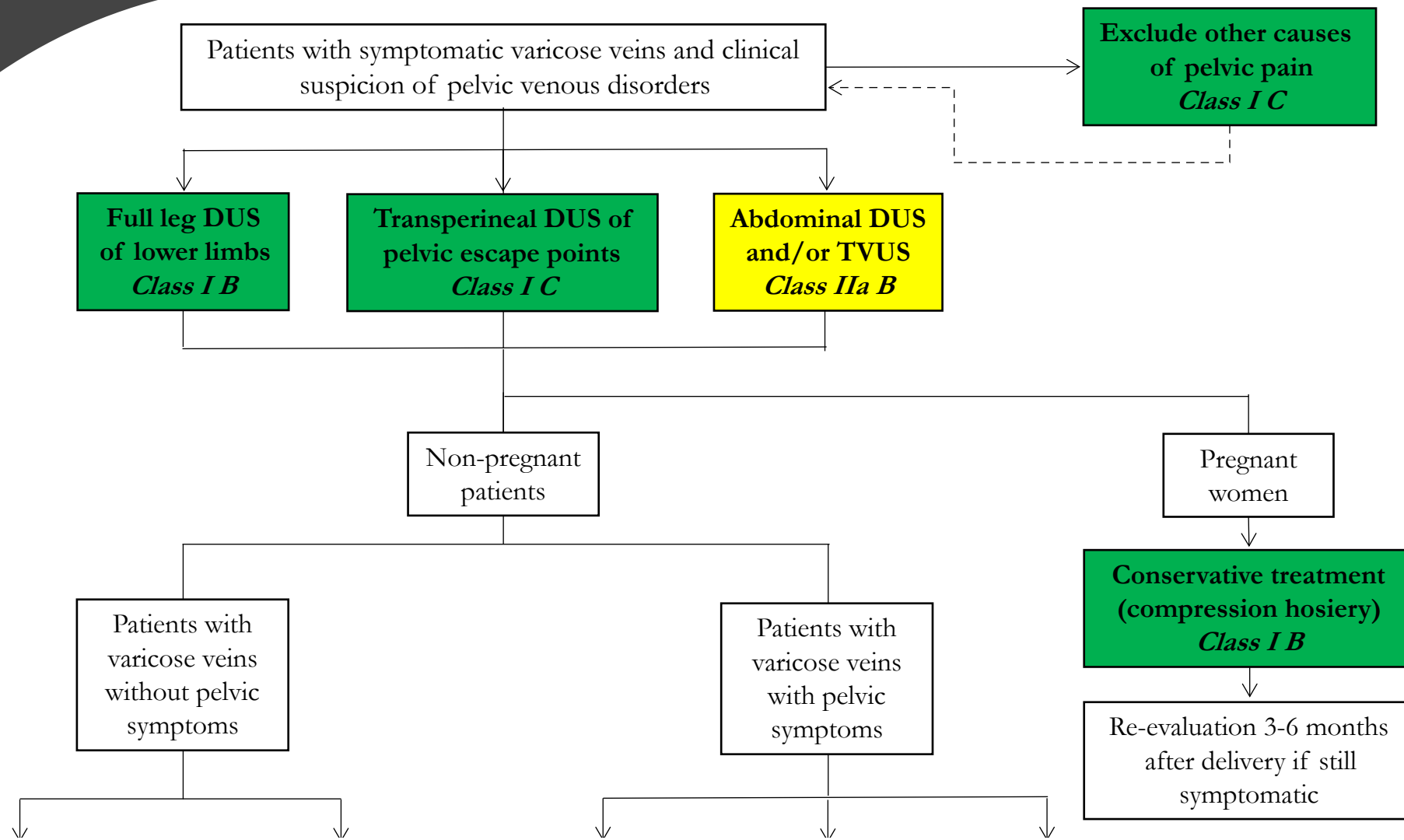


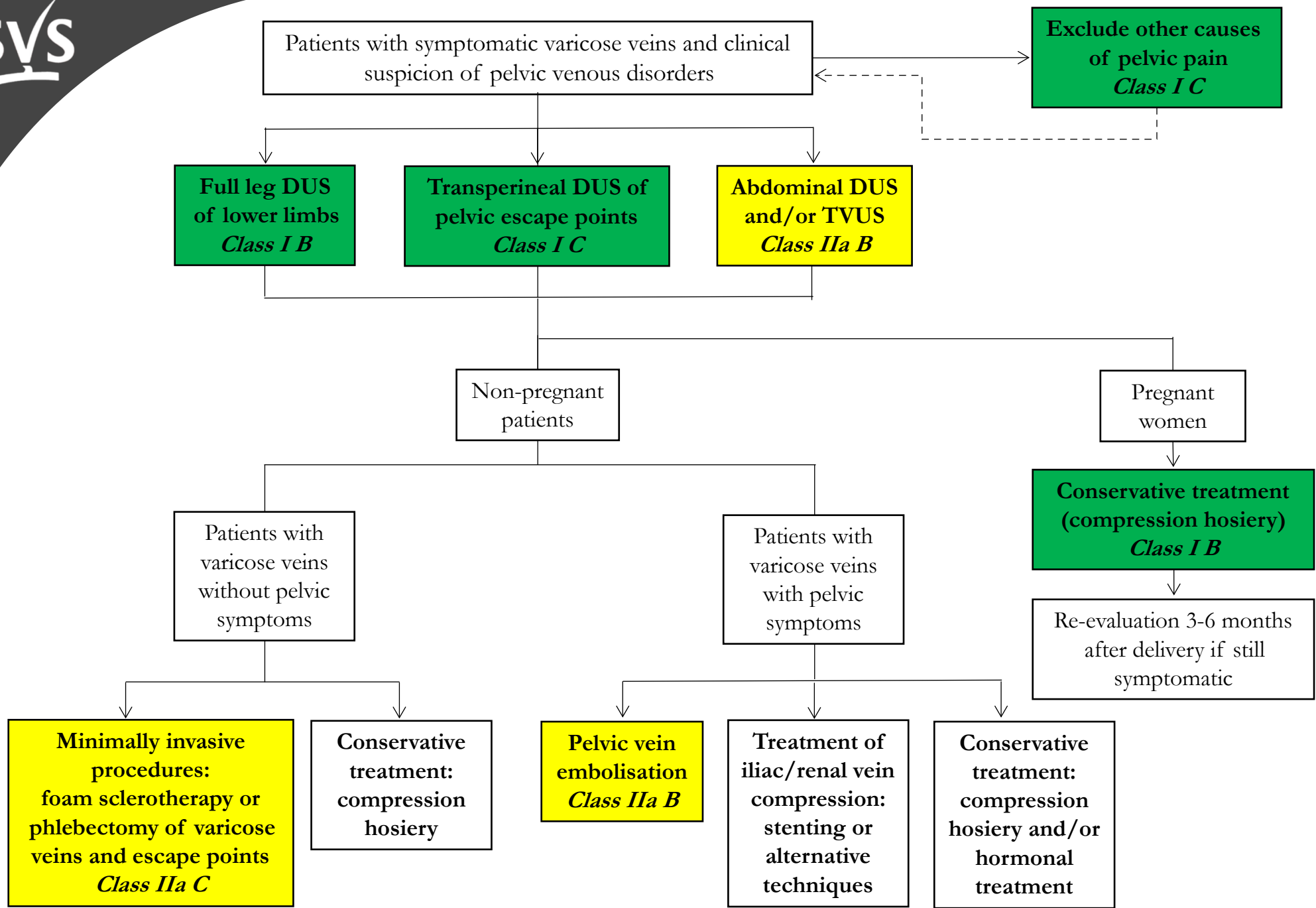
STRATEGY: TREATMENT OF PATIENTS WITH VARICOSE VEINS OF PELVIC ORIGIN

Recommendation	Class	Level
For patients with varicose veins of pelvic origin without pelvic symptoms requiring treatment, local procedures for varicose veins and related pelvic escape points should be considered, as initial therapeutic approach.	Ila	C
For patients with varicose veins of pelvic origin without pelvic symptoms, pelvic vein embolisation as initial treatment should not be performed.	III	C
For patients with varicose veins of pelvic origin with pelvic symptoms requiring treatment, pelvic vein embolisation should be considered to reduce symptoms.	Ila	B









CONCLUSION

- Know the cause of the pelvic reflux
- Treat the cause of the pelvic reflux
- In patients with varicose veins of pelvic origin *without* pelvic symptoms, treat the legs
- In patients with varicose veins of pelvic origin *with* pelvic symptoms, treat the pelvic reflux

QUESTIONS?

