

PELVIC CONGESTION SYNDROME – AN UNDERDIAGNOSED, UNDERTREATED AND MISUNDERSTOOD HEALTH PROBLEM

A TALK WITH DR. ZALMAN ITZHAKOV, INTERVENTIONAL RADIOLOGIST AND THE DIRECTOR OF DIAGNOSTIC IMAGING INSTITUTE AT E. WOLFSON MEDICAL CENTER

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Chronic pelvic pain is a condition that women suffer from and yet have difficulty finding appropriate diagnosis. In about 15% of these cases the problem is due to pelvic varicose veins. There are currently very effective treatments for this condition, but the problem is actually in the diagnosis, with women sometimes having to deal with the pain for years until the syndrome is diagnosed. Dr. Zalman Itzhakov, explains about the diagnosis and treatment of pelvic congestion syndrome

WHAT IS PELVIC CONGESTION SYNDROME?

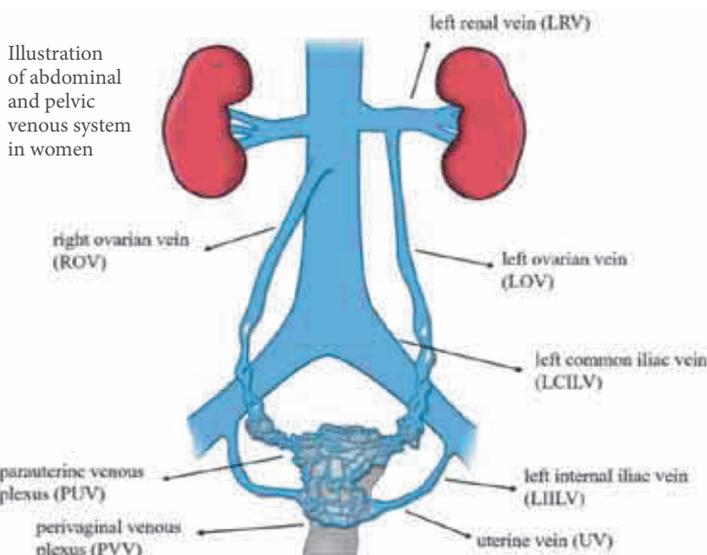
Pelvic congestion syndrome is characterized by the presence of dilated veins in the pelvic area, which causes chronic pain, characterized by heaviness and a dragging sensation. In some cases, the pain is exacerbated while standing or sitting with an acute sensation which is sometimes confused with low back or hip pain. Currently, the average diagnosis time for the syndrome is 4 years, which means that some women suffer from the syndrome for 10 to 15 years before there is even a suspicion that it is pelvic congestion syndrome with pain level increasing throughout those years.

WHAT ARE THE CAUSES OF PELVIC CONGESTION SYNDROME?

In the female pelvic area, there are the intestines, bladder and



Dr. Zalman Itzhakov | Courtesy of PR Wolfson Hospital



reproductive organs. These organs have an artery that feeds them and a vein that drains them. When there is a problem of venous drainage i.e. venous insufficiency, the blood fails to drain upwards towards the heart and the veins in the pelvic area dilate. As they dilate, the veins press on nearby organs and this is actually the source of the pain that characterizes the syndrome.

WHAT ARE THE SYMPTOMS OF PELVIC CONGESTION SYNDROME?

The main symptom is, as mentioned previously, pain in the lower abdomen and pelvis, lower back and hips. This is the reason why many women undergo tests by various specialists such as orthopedists, rheumatologists and gynecologists, before there's any suspicion of pelvic congestion syndrome. The syndrome is usually typical of women who have experienced at least one pregnancy, with the pain continuing for months, even years, after birth.



HOW IS THE DIAGNOSIS MADE?

Whenever there is a case of chronic pain in the pelvic area (below the navel) for more than six months, it is recommended to perform a duplex examination, performed by a gynecologist and designed to detect dilated veins in the uterine area. This test cannot completely rule out or confirm the syndrome, but it is an important first step. The next step is to perform a CT or preferably an MRI, a test that does not expose the subject to radiation, in order to detect dilated veins. If dilated veins are identified, the reason for this must be assessed: Is it insufficiency? Does the blood really have a hard time flowing upwards? Is it flowing in the opposite direction?

In some cases, there is a problem with the lower valves, which are not helping the blood to flow toward the heart, and sometimes it is a narrowing of the draining vein. This narrowing can be the result of two known syndromes common to women, the Nutcracker Syndrome and the May-Thurner Syndrome, both causing venous congestion in the pelvis and sometimes accompanied by varicose veins in the genital area, the legs and hemorrhoids.

WHAT IS THE TREATMENT OF PELVIC CONGESTION?

If the condition is caught early and the symptoms are mild, one

can proceed a non-invasive pharmacological treatment based on anti-inflammatory drugs and contraceptives.

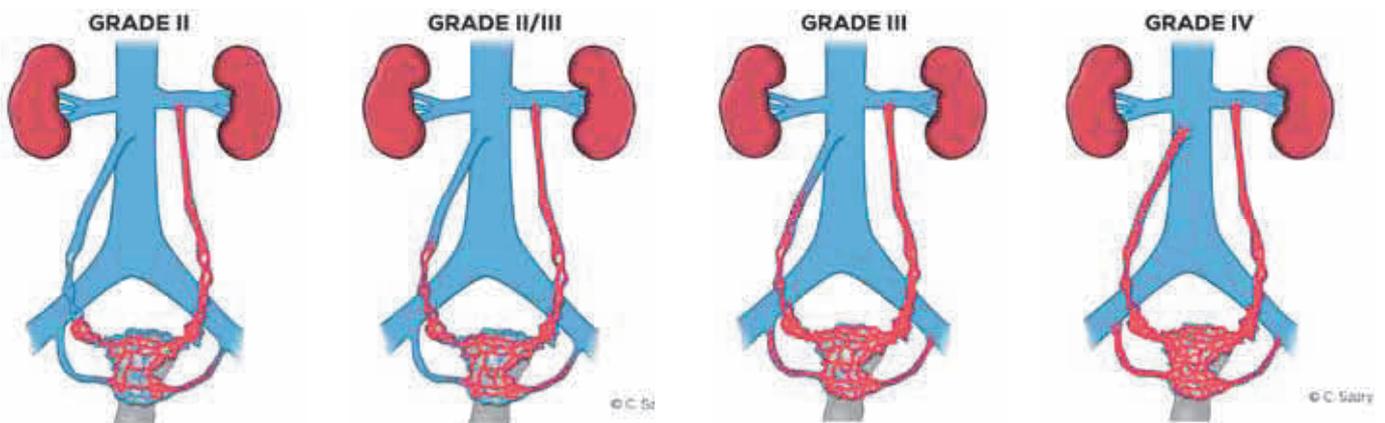
When the symptoms are more advanced, Dr. Itzhakov recommends a highly effective minimally invasive procedure which is done in an outpatient clinic. This involves inserting a thin catheter into the afflicted veins with local anesthetic and guided by Ultrasound and X-ray. Once a catheter is in place, metal coils are inserted and a liquid embolic agent is injected causing venous occlusion to stop pelvic vein reflux.

HOW SUCCESSFUL ARE THESE INVASIVE TREATMENTS?

The treatments for pelvic congestion syndrome are not surgical treatments and are performed in short procedures that last between half an hour to an hour, and the patient is discharged after four hours and sent home to continue his daily routine. From the technical aspect, the success rate of these treatments stands at 95%, from the clinical aspect about 80% of the patients report high satisfaction with in two weeks.

To conclude, pelvic congestion syndrome is a condition that can be easily treated.

Dr. Itzhakov emphasizes the treatment is painless and manageable, can alleviate suffering, improving the quality of life.



Schematic illustration of ovarian veins insufficiency