



الدراسات العليا

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The outcome of pelvic vein endo-embolization in pelvic congestion syndrome patients with synchronous lower limb varicose veins

A Thesis for Partial Fulfillment of Master's Degree in General surgery

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ABSTRACT

Background: Pelvic congestion syndrome (PCS) is a chronic condition characterized by chronic pelvic pain due to venous congestion in the pelvis. It primarily affects women of reproductive age and can significantly impact their quality of life. It is believed to be a common condition, affecting approximately 10-40% of women with chronic pelvic pain.

Methods: This is a prospective cohort study consisting of (20) female patients, diagnosed with pelvic congestion syndrome. They were joined through consecutive methods from the General Surgery department at Fayoum University Hospital. They were subjected to endovascular embolization. In addition, our Inclusion criteria included female patients with pelvic congestion syndrome with synchronous LL varicose veins, and patients with an abnormal distribution of lower limb varicose veins who were diagnosed with PCS, while exclusion criteria included patients with congenital anomalies of the venous system, with gynecological pelvic disorders with varicose veins without PCS, with secondary varicose veins (DVT – compression syndromes) and patients unfit for surgery.

Results: There was statistically significant improvement concerning preprocedural chronic pelvic pain, preprocedural lower limb pain, preprocedural dyspareunia, preprocedural menorrhagia, valvular varicosities, and urinary, and anal symptoms. In addition, regarding patients' satisfaction, 25% of patients reported mild change, 25% felt moderate improvement And 50% reported marked improvement. As regards to complications in our study, there were no significant complications reported after applying the endovascular technique.

Conclusion: Patients complaining of symptomatic pelvic venous reflux with synchronous lower limb varicose veins are better managed through pelvic vein endo-embolization first followed by management of the lower limb Varicose veins according to CEAP Classification. C1 patients are for conservative management. C2 patients with atypical varicose veins, further intervention will be needed such as sclerotherapy while for C2 patients with SFJ and GSV reflux, further SFJ ligation and GSV stripping or thermoablation are needed.