The Nonsense of the Nomenclature

The “Pelvic Congestion Syndrome”

Independentely described in 1949 by W. Lo and H.C. Taylor

The term “Pelvic Congestion Syndrome” is NONSENSE and needs to be abandoned in favor of “Chronic Pelvic Venous Disorders”

Would we be taken seriously if we talked about “Leg Congestion Syndrome (LGS)”?

The Spectrum of Pelvic Venous Disorders

Chronic Pelvic Pain
- Pain
- Dyspareunia
- Dysuria

Pelvic Varices
- Chelal
- Perineal
- Vulvar

Leg Symptoms
- Pain
- Swelling

The Female Pelvic Circulation

Four Interconnected Venous Systems

- Internal iliac tributaries
  - The “gateway” to the leg
  - Exactly analogous to perforating veins, connecting the deep veins of the pelvis to the superficial veins of the leg
- The deep external pudendal
- The superficial external pudendal
- The great saphenous

Reasons New Nomenclature is Needed for Pelvic Venous Disorders

Mark H. Meissner, MD

I Have No Disclosures Relevant To This Presentation
The Venous “Reservoirs” of the Abdomen & Pelvis

### The Pelvic Venous Plexus
- Drained by:
  - The Ovarian Veins
  - The Internal Iliac Veins

### The Renal Hilar Plexus
- Drained by:
  - The Left Renal Vein

Hilar Varices

Two patterns of disease:
- Uncompensated:
  - No collateral outflow
  - Symptoms related to the dilated resevoir
  - Pelvis – Chronic pelvic pain
  - Kidney – L flank pain & hematuria

- Compensated:
  - Collateral outflow
  - Symptoms related to distal venous bed
  - L Kidney – Ovarian vein to pelvic venous plexus
  - Pelvis – Lower extremity veins

### Treatment of 1° Ovarian Reflux (“PCS”)
- 106 women with PCS failing 4 - 6 months MPA
- Diagnosis confirmed by laparoscopy and venography
- Randomized to:
  - Ovarian vein embolization (n = 52)
  - Hysterectomy / BSO / HRT (n = 32)
  - Hysterectomy / USO (n = 34)

### Variability in Outcomes

#### Qualitative Symptom Improvement

<table>
<thead>
<tr>
<th>Author</th>
<th>N</th>
<th>Treatment</th>
<th>Symptoms Resolved</th>
<th>Symptoms Improved</th>
<th>No Change / Worsen</th>
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<td>Glue</td>
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<td>63.9%</td>
<td>23.8%</td>
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</table>

Total 462 85% 15%

### Percutaneous Treatment of “PCS”

#### Clinical Outcome Variability
- Patient variability – poor outcomes associated with
  - Urinary symptoms
  - Dysparunia
  - External varices (5.3 X risk of incomplete response)
  - Psychosocial dysfunction
- Procedural variability
  - Mechanical occlusion +/- sclerosants (foam vs liquid)
  - Extent of embolization
- Lack of disease-specific outcome measures
- Inaccurate diagnosis

### Procedural Variability

**Keys to PCS Treatment**
- Exclude any venous obstruction
- Complete evaluation of axial pelvic vessels (“Nutcracker”)
- Complete evaluation of pelvic venous reservoir
- Complete evaluation of all refluxing axial trunks (venography)
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### Conclusions

#### Why New Nomenclature is Needed
- 4 interconnected systems
  - L renal vein
  - 2 abdominal-pelvic reservoirs
  - Ovarian veins
    - The renal hilum
    - The pelvis
  - “Pelvic Congestion Syndrome”
  - Often implies ovarian vein reflux
  - A misogynistic historical term of no clinical relevance
- pelvic venous disorders – a complex anatomic disorder
- A “CEAP”- like classification is critically needed