Acute or Chronic Ovarian Vein Thrombosis: What To Do?
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I do not have any financial relationships to disclose.

Etiology
• Obstetric (1 in 2000 deliveries)
  • Post-partum sepsis
  • Group B strep
  • Ruptured ectopic
  • Hydatidiform mole
• Non-obstetric
  • Pelvic surgery
  • Malignancy
  • PID
  • Appendicitis, diverticulitis
  • Inflammatory bowel disease

Pathophysiology
• Pregnancy
  • 3x ovarian vein diameter
  • 60-fold ↑ ovarian blood volume
  • Ovarian vein incompetence
• Post-partum Virchow’s Triad
  • Stasis / volume contraction
  • Endothelial injury from delivery
  • Pregnancy hypercoagulability

Clinical Features
• Right-sided (70-90%), B/L (11%), L (2-3%)
  • Dextroposition of gravid uterus
  • Left ovarian vein → retrograde
  • Right ovarian vein → antegrade → stasis
• POVT
  • First 10 days post-partum
  • Fever (80%), chills, RLQ pain (55%), LLQ pain (3.6%)
  • Sausage shaped tender mass
  • Asymptomatic (malignancy related)

Clinical Features
• DDx
  • All other causes of acute abdomen (appendicitis, adnexal torsion, TOA, pyelonephritis…)
  • Imaging is critical
• Complications
  • Septic emboli
  • IVC / renal vein thrombosis
  • PE 13%-33%
  • Ureteral obstruction
  • Chronic pelvic pain

**Diagnosis**

- **Diagnostic laparoscopy**
  - Determine source of abdominal pain
- **Duplex ultrasound**
  - Hypoechoic, heterogeneous, tube-shaped formation with inner echos
  - Sensitivity 52%


**CT scan**

- Rounded hypodense mass
- Sausage-shaped
- Paracolic gutter
- MRI
  - Near 100% sensitivity
  - Acute vs. subacute

**Treatment for Acute**

- **Medical**
  - Anticoagulation (6 months)
  - Antibiotics (for sepsis)
  - Amoxicillin/clavulanic acid
  - Metronidazole/gentamicin
- **Interventional**
  - Venography + lytic therapy
  - IVC filter
- **Surgical intervention**
  - Refractory to medical management
  - Septic thrombophlebitis → Ovarian vein resection


**Treatment for Chronic**

- Follow paradigms for refluxing ovarian vein and pelvic congestion syndrome


**Conclusions**

- High index of suspicion
- MRI
  - Acute vs. subacute
  - Acute / subacute
  - **ANTICOAGULATION ± antibiotics**
  - Refractory patients
  - Lysis vs. surgery
  - Chronic
  - Treatment for pelvic congestion