Acute or Chronic Ovarian Vein Thrombosis: What To Do?

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Disclosures

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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
  - Stagnation (dilated vein)
  - Volume contraction
  - Endothelial injury from delivery
  - Pregnancy hypercoagulability

Clinical Features


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


Conclusions

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