How To Treat Labial Varices: Sclerotherapy, USG Sclerotherapy And/Or Phlebectomy

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Labial and Vulvar Varicosities - Pregnancy

• Occur in up to 10% of pregnant women, with worst symptoms in the second half of the pregnancy
• Symptoms include:
  – Genital pressure/fullness
  – Pruritus
  – Sensation of prolapse
• Symptoms generally worse with standing


Vulvar Varicosities - Pregnancy

• Management is usually conservative
  – Maternity compression panty hose
  – Bicycle shorts +/- maxi pads
  – Cool packs
  – Left sided sleeping
  – Exercise

When to Do More Than Reassure?

• Ultrasound
  – Early presentation (months 1-3). Could be a vascular malformation unmasked
  – Unilateral varicosities. Could be due to iliac thrombosis
  – Superficial thrombosis/phlebitis. Need to R/O deep venous extension

• Intervention
  – May need to release trapped blood with phlebitis. Alternatively, a short course of LMWH at prophylactic doses may relieve discomfort and avoid thrombectomy
  – Local phlebectomy?
  – Sclerotherapy?

Disclosures

• Speaker for Gore
• Grant support and speaker fees from Acelity Corp
• President of the IAC Vein Center Accreditation board

No conflicts related to this presentation

Sclerotherapy During Pregnancy?

Asclera (polidocanol) Injection, for intravenous use Initial U.S. Approval: 2010

8.1 Pregnancy
Pregnancy Category C. Polidocanol has been shown to have an embryocidal effect in rabbits when given in doses approximately equal (on the basis of body surface area) to the human dose. This effect may have been secondary to maternal toxicity. There are no adequate and well-controlled studies in pregnant women. Asclera should not be used during pregnancy.

Animal Studies
Developmental reproductive toxicology studies have not been conducted with Sotradecol®. It is also not known whether Sotradecol® can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Sotradecol® should be given to a pregnant woman only if clearly needed and the benefits outweigh the risks.

NURSING MOTHERS
It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Sotradecol® is administered to a nursing woman.
What To Do?

- 24 yo G2P1
- Referred at 24 weeks
- Disabling vaginal/pelvic discomfort
- Some leg complaints L > R
- OB demanded treatment or was going to perform pre-term C-section

US:
- Large refluxing varicosities in the left vulvar area
- Open iliac veins bilaterally
- No clot or evidence of VM
- Reflux at SFJ, down GSV and into upper thigh varicosities

Phlebectomy
- US mapping of superficial veins, perforators
- Small incisions with dissection and tie ligation of all varicosities
- Done under local anesthesia with sedation in the OR
- Results in improved comfort and decreased anxiety

Symptoms
- Pelvic
  - Aching/pressure in pelvis when standing or sitting
  - Worse with menses
  - Dyspareunia that is most uncomfortable after intercourse
- Surface
  - Vulvar itching
  - Tender varicosities in vulva or groin
  - Recurrent thrombophlebitis or bleeding
  - Dyspareunia with initiation/stimulation during intercourse

"Gibson Algorithm"

Post Partum/ Chronic Varicosities
- May be associated with pelvic congestion, May – Thurner or Nutcracker syndrome
- Often complaints are local – groin and upper thigh pain and tenderness
- Debate as to "Top Down" or "Bottom Up" treatment

Pelvic and Labial Venous Insufficiency:

- Asymptomatic
- Minimally Symptomatic
- Symptomatic

- Don't treat Pelvic symptoms
- No Pelvic symptoms

- Coils & Sclerotherapy
- Phlebectomy

[Image courtesy of Dr. K. Gibson]
Conclusions

• Vulvar varicosities are a common problem during pregnancy
  – Conservative management is usually adequate
  – Rarely cause complications
  – With extreme symptoms phlebectomy is successful
• Pregnancy-related varicosities typically resolve
• Persistent vulvar/perineal varicosities can be treated with local sclerotherapy
• Central imaging and treatment is successful for primarily pelvic or persistent symptoms