Pelvic Congestion Syndrome

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Disclosure

Speaker name:

......Christian Dadak.................................................................

I have the following potential conflicts of interest to report:

☐ Consulting

☐ Employment in industry

☐ Stockholder of a healthcare company

☐ Owner of a healthcare company

☐ Other(s)

☐ I do not have any potential conflict of interest
First description by Schubert G 1922 (German) Taylor HC in Am J Obstet Gynecol 1949
In 1954, Taylor suggested that emotional stress could lead to autonomic nervous system dysfunction manifested as smooth muscle spasm and congestion of the veins draining the ovaries and uterus.
Etiology of chronic pain

Gyn 20 %
1. Endometriosis
2. PID
3. Adhesions
4. Pelvic congestion syndrome
5. Adenomyosis
6. Ovarian Cysts
Etiology II

7. Ovarian cancer
8. Ovarian remanent Syndrome
9. Fibromas
10. Vulvodynia
11. Dysmenorrhoe
12. Atresia of the hymen
13. Ashermann Syndrome
14. IUD
PCS

• Pelvic congestion syndrome (PCS) is characterized by chronic pelvic discomfort exacerbated by prolonged standing.
Diagnosis: Vaginal Ultrasound in combination with colored Doppler US
Pelvic congestion syndrome

Unterbauchbeschwerden
Tastbefund

Pelvic Congestion Syndrome
Signs and symptoms

Typical symptoms include lower abdominal and back pain, dull ache or heaviness, secondary dysmenorrhea, dyspareunia, chronic fatigue, and irritable bowel symptoms. (abnormal uterine bleeding ?)
Laboratory testing is of low significance

Complete blood count
CRP
Blood Sedimentation Rate
HCG
Hormones
But important for differential diagnosis
If laparoscopy is used for diagnosis, it is important to observe the broad ligament vasculature as the pressure of the intraabdominal pressure is released. At full pressure during the procedure these vessels may be obliterated but will reappear as pressure is reduced.
Treatment

• Optimal procedure is not known

• Randomized trials have not been performed
Treatment of pelvic congestion syndrome

- MPA 50 mg/day + Psychotherapy (Farquhtian 1982)
- GnRH-Analoga
- Embolization of the ovarian veins
- Ligation of the ovarian veins
- Sclerotherapy of the ovarian veins
- salpingo-oophorectomy (+hysterectomy)
- Diosmin + Flavionids (1000 – 2000 mg/day)
Up to date.com  Johnson NR suggests 2016:

Medroxyprogesterone acetate
Etonogestrel insert
Gonadotropin- releasing hormone agonist (GnRH)
Patients who are refractory to medical therapy → embolization
After Embolization

- Pains can be severe, cannot sit down, not walk
- Hormonal Problems? (especially if both sides are embolized)
- Ovulation?

- After Menopause (decrease of estrogen), symptoms disappear, probably because estrogen acts as a venous dilator!
THANK YOU FOR YOUR ATTENTION AND I AM AVAILABLE FOR FURTHER DISCUSSION
Pelvic congestion Syndrome
Pelvic Congestion Syndrome

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