



## Pelvic Varicose Veins - Do Women know Enough?

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**DOI:** 10.31080/ASWH.2022.04.0354

**Received:** March 15, 2022

**Published:** April 12, 2022

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Pelvic varicose veins also known as Pelvic Congestion Syndrome is one of the most neglected cause of chronic abdominal pain in women. It is estimated that approximately 30% women experience symptoms due to pelvic varicose veins at some point in their lifetime. It typically presents in the 20 to 45 years age group. There is no genetic or ethnic predisposing factor; however, common in multiparous women, probably due to repeated child birth causing damage to pelvic veins. The engorged pelvic veins result in stretching of the intima, distortion of endothelium and smooth vessels lining the pelvic veins. Consequently, vasoactive substances like Substance P, Neurokinin A, and Neurokinin B are released that contribute to inflammatory reaction and pain. The engorged veins also cause a mass effect causing irritation of adjacent nerves.

The venous system in our body is a low pressure system that can increase in size and capacity significantly without increase in venous pressure. Increase in the intra-abdominal pressure due to pregnancy, ascites, obesity or any mass increases the hydrostatic venous pressure leading to damage to the lining and valves of the veins. This process of damage to the veins due to increased hydrostatic venous pressure is a slow process and patients present with dilated veins known as varicose veins. These dilated veins can be seen externally as varicose veins in the legs, vulva, and perineum or can be present internally around pelvic organs.

Due to a constellation of vague symptoms, women suffering from pelvic varicose veins are often not diagnosed early. These women undergo many clinical examinations and tests by Gynaecologists, General physicians, Orthopedicians, Urologists and Psychiatrists before reaching the correct diagnosis.

### Symptoms

- Pelvic pain- dull aching, non-cyclical, can be exaggerated by postural change, walking, sexual intercourse, menstruation. It is usually for more than 6 months duration.
- Dysuria, increased urinary frequency
- Dyspareunia- pain during or after sexual intercourse, can be radiating to anus and may last up to 24 hours.
- Renal colic due to compression of dilated pelvic veins on the ureters
- Vulvar and/lower limb dilated veins.
- Psychosomatic symptoms-lethargy, depression.

### Clinical examination

- Ovarian or uterine tenderness on bimanual examination
- No mass or induration on bimanual examination
- Ovarian point tenderness
- Dilated veins- perineal, vulval, gluteal, posterior thigh, inner thigh and lower limbs.

### Investigations

To look for dilated veins, reflux and to rule out any other pathology related to Pelvic vein congestion syndrome

- Ultrasound- Abdominal and Transvaginal
- MR Venography

### Treatment options

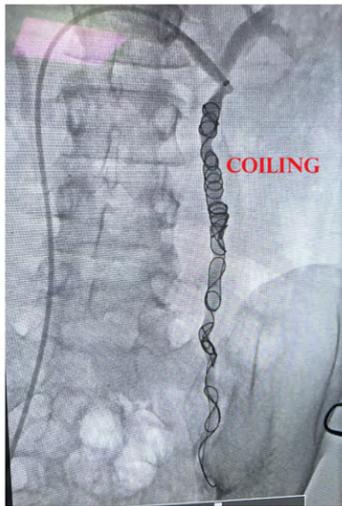
#### Medical

- Analgesics and Anti inflammatory

- Venoactive drugs – increase venous tone and decrease venous stasis.
- Hormonal treatment to decrease ovarian activity

### Surgical

- Open/Laparoscopic
- Ligation of Ovarian
- Veins



**Figure 1:** Coil embolisation of dilated veins.

### Endovascular

- Embolisation of pelvic veins
- Stenting for deep vein obstruction (Nut cracker syndrome).

### Conclusion

Pelvic varicose veins is a poorly understood disease both by the clinicians and patients. It is of utmost importance for women to recognise the symptoms related to this condition. These vague symptoms have a huge psychosocial impact on women. Increasing awareness about this complex disease will lead to timely diagnosis and treatment, thereby, improving the quality of life for women suffering from the symptoms.

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