Pelvic vein incompetence in women with chronic pelvic pain

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Declarations

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Chronic pelvic pain in women

- Intermittent or constant pain in the lower abdomen or pelvis
- >6 months in duration
- No association with menstruation, intercourse or pregnancy

20-30% of UK gynaecology appointments
Annual European cost of €3.8 billion
24% of pre-menopausal women affected

No diagnosis for 55% of women

Pelvic vein incompetence?
Transjugular occlusion

Day case procedure

Local anaesthetic

Procedure time 60-90mins

Low risk

Common in private sector

No reliable evidence
Frequency of pelvic pain (n=120)

- **PVI cases (n=40)**: 38 (95%) with CPP, 2 (5%) with No CPP, p=0.001
- **Varicose vein (n=40)**: 25 (62%) with CPP, 15 (38%) with No CPP
- **Healthy volunteers (n=40)**: 26 (65%) with CPP, 14 (35%) with No CPP

**Characteristic symptoms**
- **Ache, heaviness**
- Exacerbated by prolonged standing / sitting
- Relieved by lying down
260 age and parity matched case control pairs

Patients
- Diagnosis of CPP by gynaecologist
- No cause found at laparoscopy
- 18-54, pre-menopausal

Investigations
- Semi-standing transvaginal duplex
- Symptom questionnaire
- Validated health status questionnaire
Transvaginal duplex

Retrograde flow
Ovarian / internal iliac veins
Transvaginal duplex

Pelvic varices
Tortuous, dilated veins
Pelvic vein incompetence

Cases
n=51

- No PVI: 33 (64.7%)
- PVI: 18 (35.3%)

Controls
n=51

- No PVI: 41 (81.4%)
- PVI: 10 (19.6%)

p=0.08

OR(95%CI) = 2.45(0.95-6.31)
Pelvic varices

Cases
n=51

No varices
34
66.7%

Varices
17
33.3%

Controls
n=51

No varices
50
98.0%

Varices
1
2.0%

p<0.001

OR(95%CI) = 25.00(3.198-196.81)
Conclusions

1. Frequency of PVI is higher in women with CPP
2. Strong association between pelvic varices and CPP

and yet...

women with CPP usually discharged prior to vascular investigation

Parallel study: RCT of transjugular occlusion of incompetent pelvic veins in women with CPP
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