The Role of Conservative Pelvic Vein Management

Mark H. Meissner, MD
Peter Gloviczki Professor or Venous & Lymphatic Disorders
University of Washington School of Medicine
Seattle, WA

Disclosures

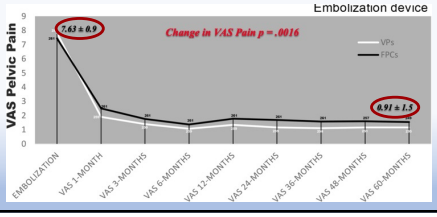
Mark H. Meissner, MD

I Have No Disclosures

Embolization for VO-CPP

De Gregorio MA, JVIR 2020

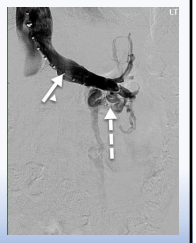
- Retrospective review - 510 women with "clinical PeVD symptoms > 6 mo"
- 84.8% treated with 4 vein embolization (Bilateral Ov & II veins)
- 26 (5%) recurrences



The Role of Conservative Management

Venous-Origin Chronic Pelvic Pain

- Insurance prohibitions (*"Investigational Therapy"*)
- Anatomic limitations to complete treatment
  - Difficult anatomy
  - Duplicated ovarian veins
- Residual symptoms after treatment
  - Untreated venous disease
  - Concurrent pelvic pathology
  - "Central sensitization" & chronic pain



Hormonal Management of Chronic Pelvic Pain

Jarrell JJ, Journal of Gynecology & Obstetrics 2018

- Medical management with ovarian suppression
  - First line – low dose oral contraceptives
  - Second line
    - Progestin *(medroxyprogesterone acetate)*
    - Danazol *(synthetic androgen)*
- GnRH analogs also efficacious in other pelvic pain syndromes
  - Irritable bowel syndrome (IBS) *(Matthias JR, Dig Dis Sci 1998)*
  - Interstitial cystitis (IC) *(Jones CA, Urology 1997)*
  - Venous-origin pelvic pain *(Soysal ME, Human Reproduction 2001)*

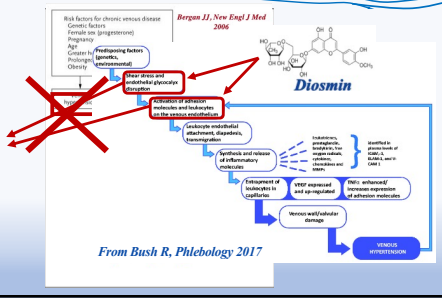
Hormonal Therapy & Venous-Origin Pelvic Pain

Soysal ME, Human Reproduction 2001

- 47 women with chronic pelvic pain, venographically documented varices and no other pelvic pathology randomized to
  - Goserelin q month X 6 months
  - Medroxyprogesterone acetate (MPA) 30 mg/day X 6 months
- Follow-up at 6 and 12 months

Parameter	MPA (*n* = 24)				Goserelin (*n* = 23)			
	Baseline	First[a]	Final[b]	P[c]	Baseline	First[a]	Final[b]	P[c]
Venography score	8.6 ± 0.5	–	4.5 ± 1.2	0.001	8.5 ± 0.6	–	3.2 ± 0.5	0.001
Pelvic symptom score	10.9 ± 1.1	5.1 ± 1.3	6.2 ± 1.1	0.001	10.2 ± 1.4	2.3 ± 1.1	2.5 ± 1.3	0.001
rSSRS score	18.6 ± 4.4	71.7 ± 7.3	66.4 ± 8.3	0.001	17.6 ± 3.8	81.1 ± 3.1	80.2 ± 2.7	0.001

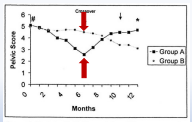
Venous Pain & Inflammation



MPFF & Chronic Pelvic Pain

Simsek M, Clin Exp Obstet & Gynecol 2007

- 20 patients with laparoscopically confirmed venous-origin CPP (S_2V_2)
- Randomized to
  - **500 mg micronized purified flavonoid fraction (MPFF) bid**
  - **Placebo (multivitamin)**
- Cross-over at 6 months



Group A: Started with Daflon and then did crossover to vitamins for placebo effect
Group B: second arm of the study group received vitamins for six months and switched over to Daflon in the second half of the study.

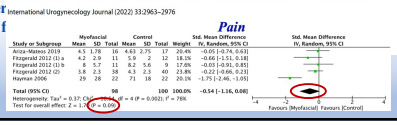
Myofascial Pelvic Pain

- Hyperton
  - Respon
- Tre
  - Trigger
  - Pelvic f

Effectiveness of Myofascial Manual Therapies in Chronic Pelvic Pain Syndrome: A Systematic Review and Meta-Analysis

Fulvio Dal Farra[1,2] · Alessandro Aquino[3,4,5] · Andrea Gianmaria Tarantino[1,6] · Daniele Origo[1]

International Urogynecology Journal (2022) 33:2963–2976



Conclusions

VEITH SYMPOSIUM Connecting The Vascular Community

- Interventions for venous-origin CPP – Effective *but* imperfect
- Indications for medical management
  - **Insurance limitations**
  - **Inadequate response to intervention**
- Medical management of venous-origin chronic pelvic pain
  - **Hormonal therapy**
  - **Phlebotonic agents (e.g. MPFF)**
  - **Pelvic floor physical therapy**
- But often a chronic pain syndrome best treated with a multidisciplinary approach

CONSULT A SPECIALIST!!! INTERNATIONAL PELVIC PAIN SOCIETY