Pelvic Venous Disease: New Terminology, New Treatment Approach, Still No Level 1 Data

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Disclosures

- Medical Advisory Board

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What's "New" In Pelvic Congestion?

• New description – PeVD

What's "New" In PeVD?

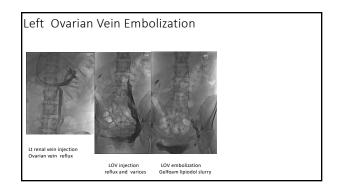
- Treatment of pelvic reservoir

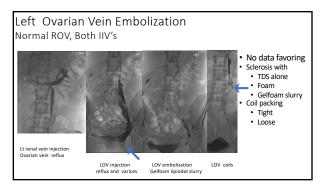
Left Ovarian Vein Embolization



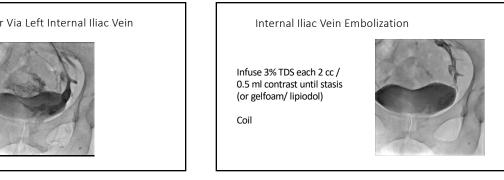
Left Ovarian Vein Embolization

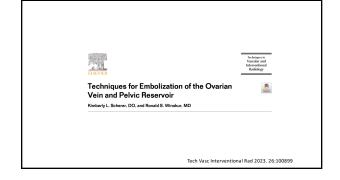




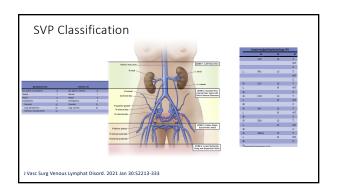


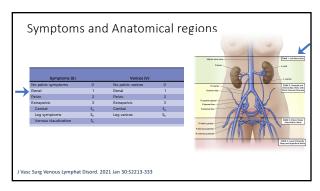


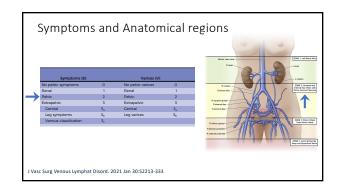


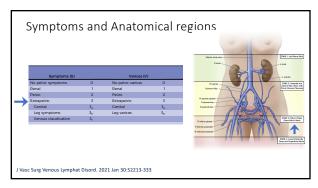


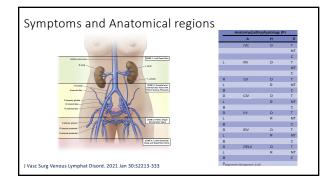
New Terminology In PeVD • SVP Classification to make treatment assessment reproducible





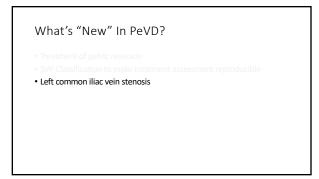








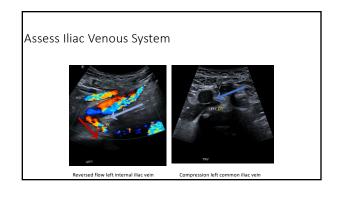




Our "standard approach- PeVD
Pre-procedure consult
Ultrasound and procedure explained

Transvaginal duplex ultrasound
Dilated pelvic veins

Abnormal accentuation with Valsalva



If Clinically Suspect An Obstructive Component —

Do MRV

• external compression

• ± thrombosis

Imaging of Pelvic Venous Disorders (PeVD):
Should Every Pellent Cet an MRIT
States Topes of Pedice Cet an MRIT
States Topes of Pedice Cet and MRIT
States Topes of Pedice Cet and MRIT

Tech Vasc Interventional Rad 24:100731

Still No Level 1 Data

Pelvic Congestion Syndrome: Systematic Review of Treatment Success

Candace L. Brown, MA, MD¹ Magda Rizer, MS, DO² Ryan Alexander, DO³ Emerson E. Sharpe III, MD⁴ Paul J. Rochon, MD⁵

- 828 patients, 994 interventions
- Average 40 yrs (range 16–72)
- Mean FU 36.1 months (range 1-288)

Pelvic Congestion Syndrome: Systematic Review of Treatment Success

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- 91.5% patients improved range 68.3 100% (M: 95.1) 39% complete resolution
- 7.5% no change
- 0.8% worse
- Symptom recurrence 0–18.2% 4-12 months

Conclusion –PeVD

- SVP classification
- Embolization pelvic reservoir
 - Interrogate both ovarian and iiv's in every case
 - Coils alone no longer state of the art
- LCIV compression accepted as important component in PeVD
- Initial presentation
 Persistent or recurrent symptoms
- Still no level 1 data
 - EMBOLIZE trial

