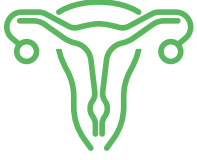


Pelvic Congestion Syndrome (PCS):

Epidemiology, Diagnostic Considerations, and Treatment

EPIDEMIOLOGY



Chronic pelvic pain (CPP) affects approximately **15% OF FEMALES AGED 18 TO 50 YEARS**¹

PCS is implicated in up to **40%** of CPP cases^{2,3}

The syndrome typically presents as **CHRONIC, NONCYCLIC PELVIC PAIN** or a sensation of pelvic heaviness—often exacerbated by prolonged standing. Associated symptoms may include dysmenorrhea, dyspareunia, urinary urgency, and perineal or lower extremity varicosities⁴



Physiologically, each pregnancy increases intravascular volume; with up to a **60% INCREASE IN VEIN CAPACITY**, chronic venous distension may eventually lead to valvular incompetence.

PCS occurs when blood flow reverses, causing blood to pool in the pelvic veins. It is similar in nature to venous insufficiency in the legs.

DIAGNOSTIC CHALLENGES

- PCS remains a diagnostic challenge due to the overlap of its symptoms with other pelvic disorders⁵
- Notably, the presence of pelvic venous insufficiency does not uniformly result in pain.⁶
- Diagnosis consists of two components: Clinical symptoms consistent with PCS and imaging findings of dilated ovarian veins with an abnormally enlarged network of veins within the pelvis.
- Medical imaging: CT venography of the abdomen and pelvis with contrast. Transvaginal pelvic ultrasound and MRI of the pelvis are also used but less reliable.

Ovarian Vein Embolization (OVE) is THE Treatment of Choice

OVE is a minimally invasive outpatient procedure that is now considered the **SOLE TREATMENT** option for PCS.

- Under image guidance, an interventional radiologist uses coils and/or sclerosants to occlude the incompetent ovarian veins.
- The procedure is performed via a catheter placed into a common femoral vein (groin) or jugular vein (neck) and then navigated to the incompetent ovarian vein(s). The vein is then embolized with a sclerosant agent and coil, under moderate sedation or local anesthesia. It is an outpatient procedure performed under twilight sedation and/or local anesthesia, and patients generally resume normal activities immediately following the procedure.
- Clinical outcomes have demonstrated a high safety profile, **SUCCESS RATES APPROACHING 90%**, and a recurrence rate of approximately 10%.⁷

OUR PRACTICE

The physicians at North Star Vascular & Interventional have extensive experience in embolization procedures and vascular therapies. As one of Minnesota's leading centers for these interventions, we remain committed to delivering evidence-based care for patients with pelvic congestion syndrome.

For further information on PCS management or to discuss therapeutic strategies, please contact one of our interventional radiologists at (952) 960-9399.

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