

# EVIDENCE BASED STATEMENT

DOMAIN **05**, Statement **10**

TOPIC: “**pelvic venous disorder follow up**”

## SEARCH TERMS & SOURCES

(follow up) AND ((pelvic venous disorder) OR (pelvic congestion syndrome))

### INCLUSION CRITERIA

- English language
- Reviews, Meta-analysis
- Publication < 10 years, only ENG

## SEARCH RESULT BEFORE - AFTER SELECTION

13/6

### PERTINENT LITERATURE NOT IDENTIFIED BY THE LITERATURE SEARCH

1. Bałabuszek K, Toborek M, Pietura R. Comprehensive overview of the venous disorder known as pelvic congestion syndrome. *Ann Med*. 2022;54(1):22-36. doi:10.1080/07853890.2021.2014556
2. Maratto S, Khilnani NM, Winokur RS. Clinical Presentation, Patient Assessment, Anatomy, Pathophysiology, and Imaging of Pelvic Venous Disease. *Semin Intervent Radiol*. 2021 Jun;38(2):233-238.
3. Senechal Q, Echegut P, Bravetti M, et al. Endovascular Treatment of Pelvic Congestion Syndrome: Visual Analog Scale Follow-Up. *Front Cardiovasc Med*. 2021 Nov 17;8:751178
4. Hasjim BJ, Fujitani RM, Kuo IJ, et al. Unique Case of Recurrent Pelvic Congestion Syndrome Treated with Median Sacral Vein Embolization. *Ann Vasc Surg*. 2020 Oct;68:569.e1-569.e7.
5. Laborda A, Medrano J, de Blas I, et al. Endovascular treatment of pelvic congestion syndrome: visual analog scale (VAS) long-term follow-up clinical evaluation in 202 patients. *Cardiovasc Intervent Radiol*. 2013 Aug;36(4):1006-14
6. Asciutto G, Asciutto KC, Mumme A, Geier B. Pelvic venous incompetence: reflux patterns and treatment results. *Eur J Vasc Endovasc Surg*. 2009 Sep;38(3):381-6.

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## Domain 5; Statement 10

### IDENTIFIED REFERENCES

1. Joh M, Grewal S, Gupta R. Ovarian Vein Embolization: How and When Should It Be Done? *Tech Vasc Interv Radiol*. 2021 Mar;24(1):100732.
2. Bartl T, Wolf F, Dadak C. Pelvic congestion syndrome (PCS) as a pathology of postmenopausal women: a case report with literature review. *BMC Womens Health*. 2021 Apr 27;21(1):181.
3. Brown CL, Rizer M, Alexander R, et al. Pelvic Congestion Syndrome: Systematic Review of Treatment Success. *Semin Intervent Radiol*. 2018 Mar;35(1):35-40.
4. Mahmoud O, Vikatmaa P, Aho P, et al. Efficacy of endovascular treatment for pelvic congestion syndrome. *J Vasc Surg Venous Lymphat Disord*. 2016 Jul;4(3):355-70.
5. Hartung O. Embolization is essential in the treatment of leg varicosities due to pelvic venous insufficiency. *Phlebology*. 2015 Mar;30(1 Suppl):81-5.
6. Durham JD, Machan L. Pelvic congestion syndrome. *Semin Intervent Radiol*. 2013 Dec;30(4):372-80.

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### TEXT FOR INCLUSION IN THE DOCUMENT

DOMAIN 05, Statement 10, TOPIC: “**pelvic venous disorder follow up**”

Pelvic venous disorder recurrence incidence is biased by the lack of objective outcome measures and standardized treatment protocols.

**[Bałabuszek K, Toborek M, Pietura R. Comprehensive overview of the venous disorder known as pelvic congestion syndrome. *Ann Med.* 2022;54(1):22-36. doi:10.1080/07853890.2021.2014556]**

A recent clinic case report pointed out the possible pelvic venous disorder recurrence in anatomical districts not previously treated, such as the median sacral vein, pointing out how, as per the lower limb, reflux reappearance can involve previously treated vessels as well as connected networks.

**[Hasjim BJ, Fujitani RM, Kuo IJ, et al. Unique Case of Recurrent Pelvic Congestion Syndrome Treated with Median Sacral Vein Embolization. *Ann Vasc Surg.* 2020 Oct;68:569.e1-569.e7].**

Up to our search, validated follow-up protocols following pelvic venous disorders treatment are missing. Post-procedural symptoms resolution might require months.

**\*[Laborda A, Medrano J, de Blas I, et al. Endovascular treatment of pelvic congestion syndrome: visual analog scale (VAS) long-term follow-up clinical evaluation in 202 patients. *Cardiovasc Intervent Radiol.* 2013 Aug;36(4):1006-14]**

Proper clinical and ultrasound re-assessment timing should be identified, taking into consideration the single cases specifics.

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## Domain 5; Statement 10

### STATEMENT FOR PUBLIC EVIDENCE-BASED AWARENESS

DOMAIN 05, Statement 10

**“Pelvic symptoms improvement can require some months after the treatment. A specialist must reassess along time the condition.”**

### SELECTED REFERENCES

1. Bałabuszek K, Toborek M, Pietura R. Comprehensive overview of the venous disorder known as pelvic congestion syndrome. *Ann Med.* 2022;54(1):22-36. doi:10.1080/07853890.2021.2014556
2. Hasjim BJ, Fujitani RM, Kuo IJ, et al. Unique Case of Recurrent Pelvic Congestion Syndrome Treated with Median Sacral Vein Embolization. *Ann Vasc Surg.* 2020 Oct;68:569.e1-569.e7
3. Laborda A, Medrano J, de Blas I, et al. Endovascular treatment of pelvic congestion syndrome: visual analog scale (VAS) long-term follow-up clinical evaluation in 202 patients. *Cardiovasc Intervent Radiol.* 2013 Aug;36(4):1006-14

### identified LITERATURE BIAS

Lack of objective outcomes allowing validation of specific follow up protocols

### SUGGESTED NEXT LINES OF RESEARCH

Mid and long term post procedural follow up aimed to identify the best timing for patient re-assessment