

EVIDENCE BASED STATEMENT

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

TOPIC: “**Pelvic venous disorders risk factors**”

SEARCH TERMS & SOURCES

(risk factors) 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

16/2

PERTINENT LITERATURE NOT IDENTIFIED BY THE LITERATURE SEARCH

1. Wozniak S. Chronic pelvic pain. *Ann Agric Environ Med*. 2016;23(2):223–226
2. Mahmoud O, Vikatmaa P, Aho P, et al.. Efficacy of endovascular treatment for pelvic congestion syndrome. *J Vasc Surg Venous Lymphat Disord*. 2016;4(3):355–370
3. Phillips D, Deipolyi AR, Hesketh RL, et al.. Pelvic congestion syndrome: etiology of pain, diagnosis, and clinical management. *J Vasc Interv Radiol*. 2014;25(5):725–733

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IDENTIFIED REFERENCES

1. Kim AS, Greyling LA, Davis LS. Vulvar Varicosities: A Review. *Dermatol Surg*. 2017 Mar;43(3):351-356.
2. Champaneria R, Shah L, Moss J, et al. The relationship between pelvic vein incompetence and chronic pelvic pain in women: systematic reviews of diagnosis and treatment effectiveness. *Health Technol Assess*. 2016 Jan;20(5):1-108.

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TEXT FOR INCLUSION IN THE DOCUMENT

DOMAIN 05, Statement 05, TOPIC: “**Pelvic venous disorders risk factors**”

Pelvic venous disorder risk factors reported in the literature include more than three pregnancies, pelvic venous anatomy alteration, history of pelvic pain, increased oestrogens levels, polycystic ovary syndrome, prolapsed uterus, previous pelvic surgery, prolonged standing and conditions increasing abdominal pressure such as lifting.

***[Phillips D, Deipolyi AR, Hesketh RL, et al.. Pelvic congestion syndrome: etiology of pain, diagnosis, and clinical management. *J Vasc Interv Radiol.* 2014;25(5):725–733]**

Lower limb chronic venous insufficiency is not rare associated with pelvic venous disorder, yet, up to the authors knowledge, no significant literature has identified an eventually related statistically significant risk factor role.

[Wozniak S. Chronic pelvic pain. *Ann Agric Environ Med.* 2016;23(2):223–226]

Differently from the leg district, preliminary data suggest a lower BMI can represent a risk factor for pelvic venous disorder.

[Nanavati R, Jasinski P, Adrahtas D, et al. Correlation between pelvic congestion syndrome and body mass index. *J Vasc Surg.* 2018;67(2):536–541]

The identification of family history of pelvic pain as risk factor suggests a genetic and/or ethnic predisposition could be present, yet more solid evidence based data are needed on the topic.

Mutations of FOXC2, TIE2, NOTCH3, type 2 transforming growth factor- β and thrombomodulin genes have been considered potentially involved in pelvic reflux development.

[Phillips D, Deipolyi AR, Hesketh RL, et al.. Pelvic congestion syndrome: etiology of pain, diagnosis, and clinical management. *J Vasc Interv Radiol.* 2014;25(5):725–733]

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STATEMENT FOR PUBLIC EVIDENCE-BASED AWARENESS

DOMAIN 05, Statement 05

“more than 3 pregnancies, prolonged standing and abdominal efforts can increase the risk of pelvic venous disorders. A genetic predisposition might be involved but more research is needed on the topic.”

SELECTED REFERENCES

1. Phillips D, Deipolyi AR, Hesketh RL, et al.. Pelvic congestion syndrome: etiology of pain, diagnosis, and clinical management. *J Vasc Interv Radiol.* 2014;25(5):725–733
2. Wozniak S. Chronic pelvic pain. *Ann Agric Environ Med.* 2016;23(2):223–226
3. Nanavati R, Jasinski P, Adrahtas D, et al. Correlation between pelvic congestion syndrome and body mass index. *J Vasc Surg.* 2018;67(2):536–541

identified LITERATURE BIAS

Lack of large homogeneous data collections allowing a confirmation of the possible risk factors

SUGGESTED NEXT LINES OF RESEARCH

Multi-center studies investigating possible risk factors eliminating possible confounding risk factors.