

5. PELVIC VENOUS DISORDERS

Like for the varicocele in the male gender, the female can be affected by venous reflux in the pelvic region. The phenomenon can be asymptomatic or associated with a significant symptomatology.

The condition is extremely frequent, yet too often underdiagnosed and/or managed inadequately. Awareness of this condition is mandatory for both health professionals and public. Detailed information based on scientific data are available here: www.vwinfoundation.com/fake-news-free-project/



PELVIC VENOUS DISORDERS

1. Pain in the lower abdomen and/or back can be caused by a pelvic venous reflux requiring proper expert assessment, including by a vascular specialist.
2. pelvic venous disorder is among the main cause of pelvic pain. Increasing awareness about it among the public is crucial.
3. The following symptoms could be associated with a pelvic venous disorder: chronic pelvic pain for more than 6 months, flank pain, pain during sexual intercourse, alterations during the menstrual cycle, difficult/painful urination. Pelvic venous disorder can be also asymptomatic
4. Pelvic venous disorder can manifest itself by dilated veins in the genital and/or lower limb region, as well as by vaginal swelling and/or discharge, menstrual cycle alteration, blood in the urine, hemorrhoids
5. 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.
6. Pelvic venous disorder diagnosis requires a detailed history and clinical evaluation, followed by expert ultrasound scanning of the abdominal and pelvic region, together with the lower limbs. Magnetic Resonance and/or Computed Tomography might be helpful. Venography is an invasive test and must be performed only after proper risk/benefit evaluation
7. Indication to treatment must be preceded by a venography performed in a high expertise medical center
and can not be based just on venous dilation finding.
8. Embolization of pelvic veins by coils and sclerotherapy is a safe but severe complications can happen.
Only expert Centers must perform these procedures
9. Left flank or pelvic pain and blood in the uring can be caused by an anatomical compression of the left renal vein (Nutcracker syndrome): the management of the condition require a highly specialized center
10. Pelvic symptoms improvement can require some months after the treatment. A specialist must reassess along time the condition.