

# EVIDENCE BASED STATEMENT

DOMAIN **05**, Statement **03**

TOPIC: “**Pelvic venous disorders symptomatology**”

## SEARCH TERMS & SOURCES

(symptoms) 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

121/19

### PERTINENT LITERATURE NOT IDENTIFIED BY THE LITERATURE SEARCH

1. Meissner MH, Khilnani NM, Labropoulos N, et al.. The Symptoms-Varices-Pathophysiology (SVP) classification of pelvic venous disorders a report of the American Vein & Lymphatic Society International Working Group on pelvic venous disorders. J Vasc Surg Venous Lymphat. Disord. 2021. May;9(3):568-584
2. Sulakvelidze L, Tran M, Kennedy R, et al. Presentation patterns in women with pelvic venous disorders differ based on age of presentation. Phlebology. 2021;36(2):135–144.
3. Ganeshan A, Upponi S, Hon LQ, et al. Chronic pelvic pain due to pelvic congestion syndrome: the role of diagnostic and interventional radiology. Cardiovasc Intervent Radiol. 2007;30(6):1105–1111

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## Domain 5; Statement 3

### IDENTIFIED REFERENCES

1. Barge TF, Uberoi R. Symptomatic pelvic venous insufficiency: a review of the current controversies in pathophysiology, diagnosis, and management. *Clin Radiol*. 2022 Jun;77(6):409-417.
2. Bałabuszek K, Toborek M, Pietura R. Comprehensive overview of the venous disorder known as pelvic congestion syndrome. *Ann Med*. 2022 Dec;54(1):22-36.
3. Leonardi M, Armour M, Gibbons T, et al. Surgical interventions for the management of chronic pelvic pain in women. *Cochrane Database Syst Rev*. 2021 Dec 20;12(12):CD008212.
4. Arnaoutoglou C, Variawa RS, Zarogoulidis P, et al. Advances of Laparoscopy for the Diagnosis of Pelvic Congestion Syndrome. *Medicina (Kaunas)*. 2021 Sep 30;57(10):1041.
5. Fučík Tomáš, Mašata Jaromír. Pelvic neuropathic pain (differential diagnosis). *Ceska Gynekol*. 2021;86(4):279-283.
6. Brahmabhatt A, Macher J, Shetty AN, et al. Sonographic Evaluation of Pelvic Venous Disorders. *Ultrasound Q*. 2021 Sep 1;37(3):219-228.
7. Sutanto SA, Tan M, Onida S, Davies AH. A systematic review on isolated coil embolization for pelvic venous reflux. *J Vasc Surg Venous Lymphat Disord*. 2022 Jan;10(1):224-232.e9.
8. Khilnani NM, Winokur RS, Scherer KL, Meissner MH. Clinical Presentation and Evaluation of Pelvic Venous Disorders in Women. *Tech Vasc Interv Radiol*. 2021 Mar;24(1):100730.
9. 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.
10. Basile A, Failla G, Gozzo C. Pelvic Congestion Syndrome. *Semin Ultrasound CT MR*. 2021 Feb;42(1):3-12.
11. Szymanski J, Jakiel G, Slabuzewska-Jozwiak A. Pelvic venous insufficiency - an often-forgotten cause of chronic pelvic pain. *Ginekol Pol*. 2020;91(11):704-708.
12. Fletcher A, Moore KJ, Stensby JD, et al. The Pain Crisis: Interventional Radiology's Role in Pain Management. *AJR Am J Roentgenol*. 2021 Sep;217(3):676-690.
13. Bendek B, Afuape N, Banks E, Desai NA. Comprehensive review of pelvic congestion syndrome: causes, symptoms, treatment options. *Curr Opin Obstet Gynecol*. 2020 Aug;32(4):237-242.
14. Yetkin E, Ozturk S, Cuglan B, Turhan H. Symptoms in Dilating Venous Disease. *Curr Cardiol Rev*. 2020;16(3):164-172.
15. Gavrillov SG, Vassilieva GY, Vasilev IM, Grishenkova AS. The role of vasoactive neuropeptides in the genesis of venous pelvic pain: A review. *Phlebology*. 2020 Feb;35(1):4-9.
16. Wozniak S. Chronic pelvic pain. *Ann Agric Environ Med*. 2016 Jun 2;23(2):223-6.
17. Phillips D, Deipolyi AR, Hesketh RL, et al. Pelvic congestion syndrome: etiology of pain, diagnosis, and clinical management. *J Vasc Interv Radiol*. 2014 May;25(5):725-33.
18. 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 03, TOPIC: “**Pelvic venous disorders symptomatology**”

Pelvic venous disorder symptomatology has been focused on chronic, dull, unilateral or bilateral pain lasting for at least 6 months. Nevertheless, the symptoms associated with this condition can be extremely variable and frequently absent, therefore making the symptomatology correlation with the hemodynamic impact extremely challenging.

**[Meissner MH, Khilnani NM, Labropoulos N, et al.. The Symptoms-Varices-Pathophysiology (SVP) classification of pelvic venous disorders a report of the American Vein & Lymphatic Society International Working Group on pelvic venous disorders. *J Vasc Surg Venous Lymphat. Disord.* 2021. May;9(3):568-584]**

Pain can be exacerbated by prolonged standing and by factors increasing abdominal pressure like lifting, constipation and pregnancy. Intercourse can also trigger pelvic venous disorder pain, particularly in younger age according to recent literature

**[Sulakvelidze L, Tran M, Kennedy R, et al. Presentation patterns in women with pelvic venous disorders differ based on age of presentation. *Phlebology.* 2021;36(2):135–144].**

Pain usually worsens during the day and in the first menstruation days and it can present itself in atypical localizations, such as the abdomen, lower back, hips or legs.

Other manifestations of PCS may also include headache, dysmenorrhoea, rectal discomfort, swollen vulva, vaginal discharge, persistent genital arousal and aspecific gastrointestinal symptoms.

A depression of the mood has also been described, together with the role of neurotransmitters related to varicose veins dilation (substance P and neurokinins) that are considered involved in psychological status determination.

**[Nicholson T, Basile A.. Pelvic congestion syndrome, who should we treat and how? *Tech Vasc Interv Radiol.* 2006;9(1):19–23].**

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

Pelvic venous disorder symptomatology can clearly affect the quality of life and disease specific tools to assess its objective impact are needed.

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### STATEMENT FOR PUBLIC EVIDENCE-BASED AWARENESS

DOMAIN 05, Statement 03

**“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”**

### SELECTED REFERENCES

1. Meissner MH, Khilnani NM, Labropoulos N, et al.. The Symptoms-Varices-Pathophysiology (SVP) classification of pelvic venous disorders a report of the American Vein & Lymphatic Society International Working Group on pelvic venous disorders. *J Vasc Surg Venous Lymphat. Disord.* 2021. May;9(3):568-584
2. Sulakvelidze L, Tran M, Kennedy R, et al. Presentation patterns in women with pelvic venous disorders differ based on age of presentation. *Phlebology.* 2021;36(2):135–144
3. Nicholson T, Basile A.. Pelvic congestion syndrome, who should we treat and how? *Tech Vasc Interv Radiol.* 2006;9(1):19–23
4. Bałabuszek K, Toborek M, Pietura R. Comprehensive overview of the venous disorder known as pelvic congestion syndrome. *Ann Med.* 2022 Dec;54(1):22-36

### identified LITERATURE BIAS

Heterogeneous assessment methodologies for pelvic pain evaluation

### SUGGESTED NEXT LINES OF RESEARCH

Validation of a disease specific pain score and correlation with the haemodynamic impact of pelvic venous reflux