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NEWS

RSNA Press Release

Minimally Invasive Procedure Successfully Treats Painful Varicose Veins in the Pelvic Region

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At A Glance

- Chronic pelvic pain afflicts up to 15% of U.S. women of child-bearing age.
- Ovarian vein reflux, or pelvic congestion syndrome, is a leading cause of chronic pelvic pain.
- Ovarian vein reflux often goes undetected.
- Radiologists can now diagnose and treat ovarian vein reflux with a minimally invasive procedure.

NEW YORK - Although researchers have long suspected that varicose veins could be the cause of chronic pelvic pain in some women, the condition, called ovarian vein reflux, or pelvic congestion syndrome, has remained largely undetected and untreated—until now. Today, interventional radiologists are successfully treating women with ovarian vein reflux using a minimally invasive procedure that could bring relief to many women suffering from this problem.

"Diagnosing ovarian vein reflux has been difficult, because we've lacked a non-invasive diagnostic tool capable of evaluating veins deep in the pelvis," said Anne C. Roberts, M.D., chief of vascular and interventional radiology at the University of California San Diego Medical Center. "In addition, physicians have not been trained to look for this condition." Dr. Roberts spoke on the topic today at a Radiological Society of North America (RSNA) media briefing on image-guided therapies.

According to the International Pelvic Pain Society, nearly 15 percent, or one in seven, American women ages 18 to 50 suffer from chronic pelvic pain. Among the causes are endometriosis, nerve conditions, pelvic support disorders and trauma. However, an estimated 9.2 million women have no diagnosis for their chronic pelvic pain.

In ovarian vein reflux, the valves in the pelvic veins fail to work properly, allowing blood to flow backward down into the pelvis. Gravity causes the blood to pool, stretching and enlarging the veins and causing dull pelvic pain, pressure and heaviness. Unlike varicose veins of the legs, varicose veins in the pelvis are difficult to see.

Women who report pelvic pain commonly undergo an ultrasound examination of the pelvis, and then may undergo computed tomography (CT) or magnetic resonance imaging (MRI). Because the patient is lying down during CT, MRI and ultrasound, enlarged pelvic veins will not appear to be abnormal.

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"Historically, once a patient received a thorough pelvic exam and other tests that revealed no inflammation or other abnormalities, the patient and physician reached the end of the road," Dr. Roberts said. "Some patients would mistakenly conclude that the pain was 'all in their head,' and continue to suffer."

Dr. Roberts and other interventional radiologists are able to diagnose and treat ovarian vein reflux using catheter-based procedures. To diagnose the condition, Dr. Roberts performs venography, a procedure in which a contrast solution is injected into the pelvic veins to enhance imaging and reveal abnormalities. She treats ovarian vein reflux with embolization, which blocks the enlarged veins with small steel coils.

Symptoms of ovarian vein reflux include pain or heaviness in the pelvis that develops after intercourse or after standing for prolonged periods of time, pain or heaviness, which may become worse around the time of menstrual periods, irritable bladder and varicose veins. Often the varicose veins are in atypical locations, such as the upper thigh, the labia or the vulvar area. Patients may develop recurrent varicose veins after surgery or other treatment for their veins. Patients typically describe a dull and aching pain that gets worse premenstrually, during periods and after intercourse. Women with ovarian vein reflux are often in their child-bearing years and commonly have had two or more pregnancies.

"There are many women who may be suffering from chronic pelvic pain caused by ovarian vein reflux," said Dr. Roberts. "It's important for these women to seek treatment as early as possible to minimize damage to other pelvic veins."

The RSNA is an association of more than 33,000 radiologists, radiation oncologists and related scientists committed to promoting excellence through education and by fostering research, with the ultimate goal of improving patient care. The Society's headquarters are located at 820 Jorie Boulevard, Oak Brook, Ill. 60523-2251. (http://www.rsna.org)

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