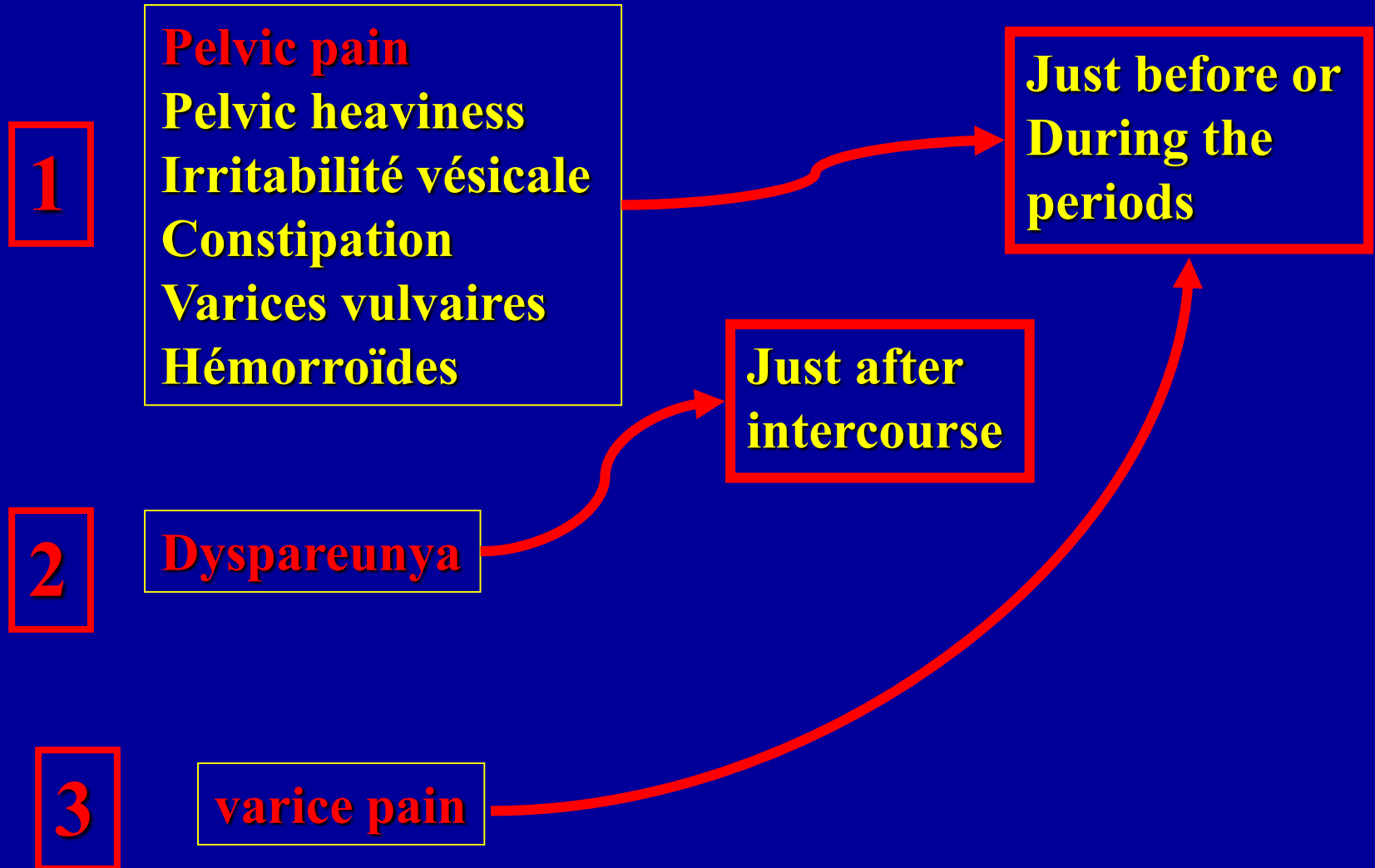


**PELVIC VEIN INSUFFICIENCY
IN WOMEN PRESENTING WITH PERINEAL VARICES**

**International School of
Venous Surgery**

D Creton - Nancy

Pelvic vein syndrom



3 precise clinical signs :

Analogic scale 0.....10

1/ pelvic pain just before or during the periods

+ 0.....10

2/ Dyspareunia

+ 0.....10

3/ varice pain just before or during the periods

+ 0.....10

PVI clinical score

= 0.....30



Types of varices:	n=34
Perineal veins R/L	32
Sciatic vein	1
Perforators on the buttock	1

Other varices associated With perineal varices :

High perforators thigh buttock	9
Sciatic veins	3
Insufficiency of the SFJ + trunk	4
Short saphenous	1
Lymphoganglionic veins	2



14 perineal veins + recurrences
-13 in the same territory GSV
-1 SSV

Angiome lateral aspect of the thigh : 2

Hémorroïdes : 72%

Varices vulvaires à l'accouchements : 45%



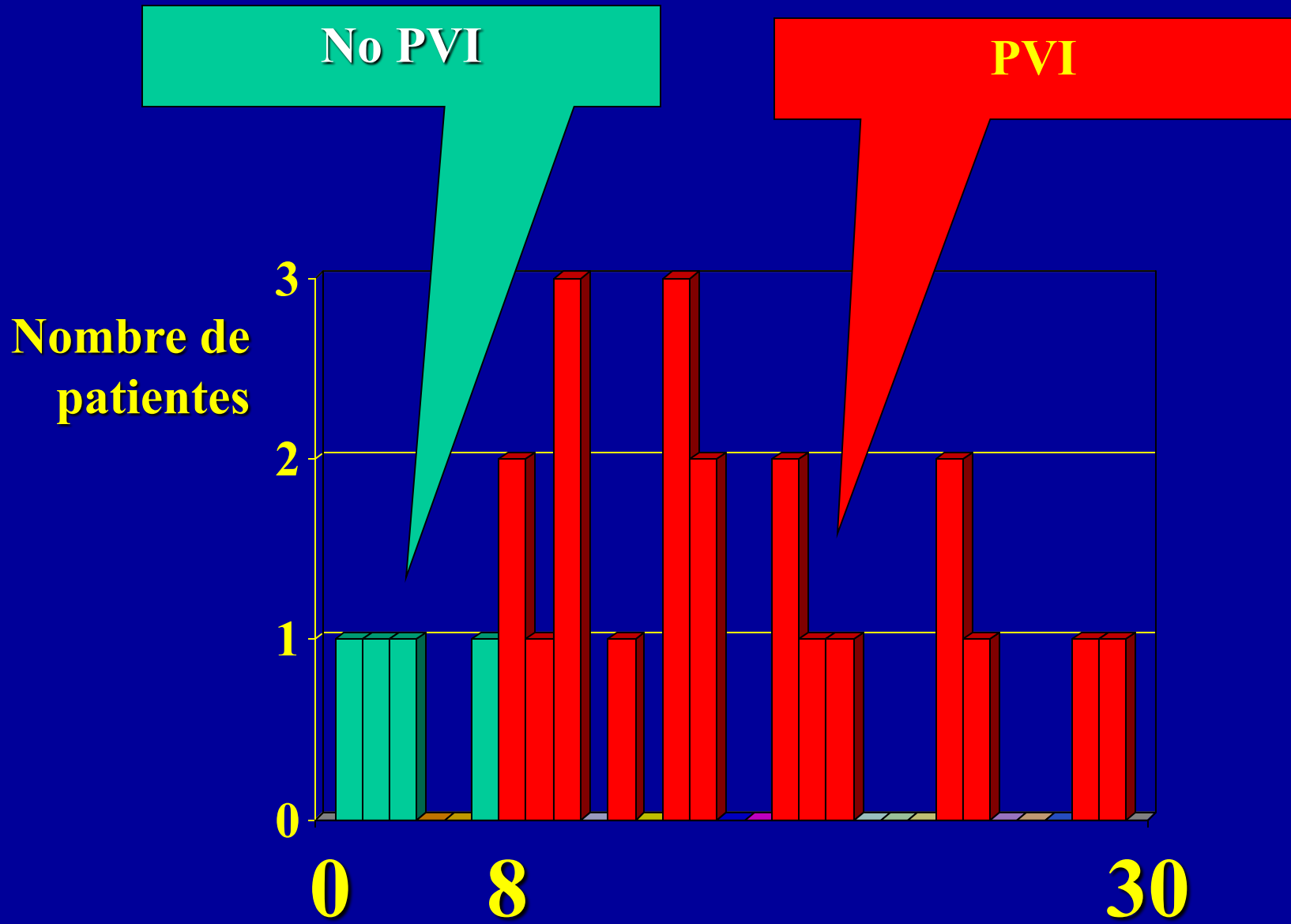
Varices bilaterals 13
Varices Left 10
Varices Right 11



Correlation between clinical score, l'activité génitale and pelvic vein insufficiency

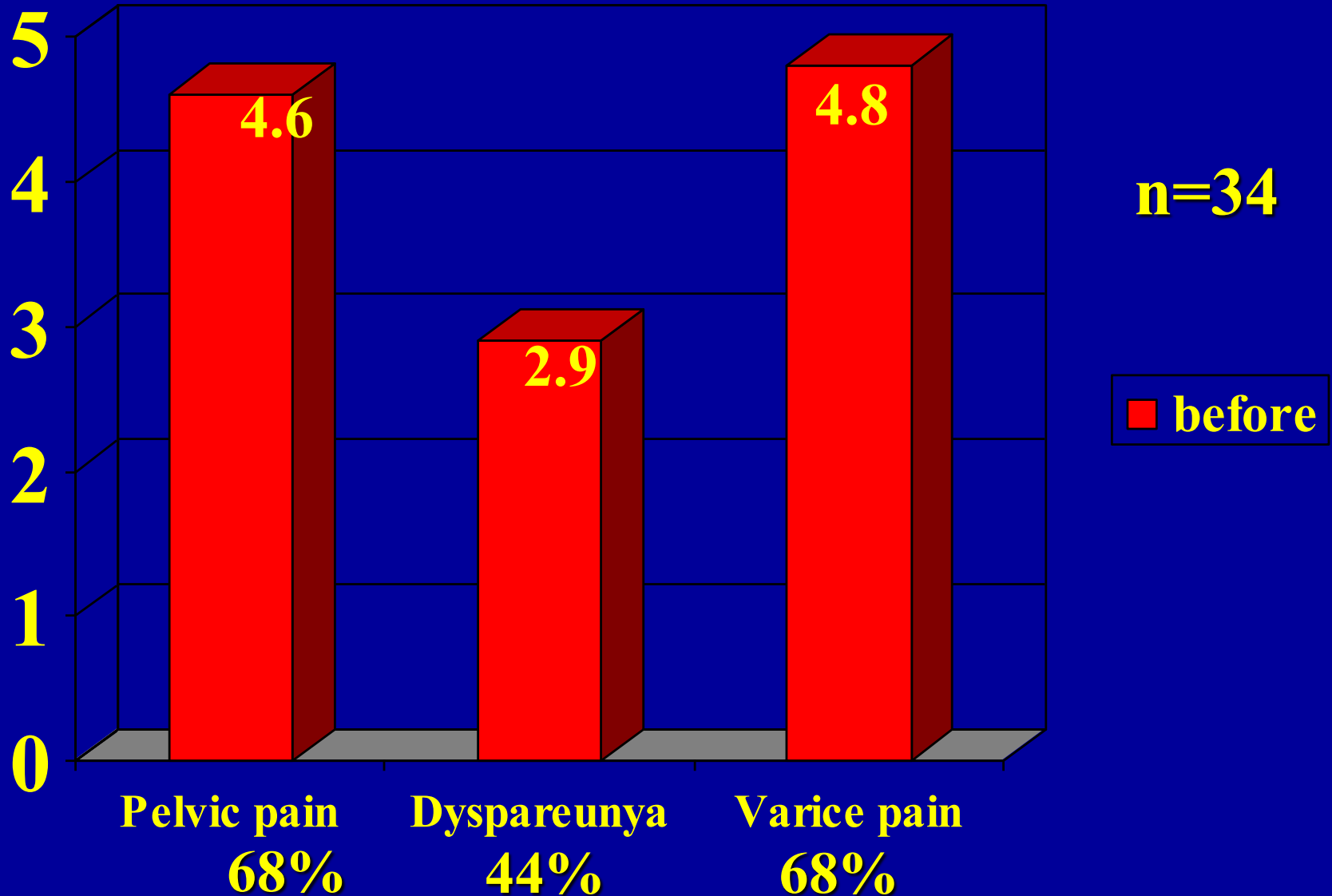
All = non-saphenous perineal veins

Women	n	age	score	Pelvic vein insufficiency	<i>P</i>
young	23	41	13.8	Yes	<.0094
young	4	37	4.7	No	
menopause	6	53	0.8	Yes	



Score clinique d'insuffisance veineuse pelvienne des femmes en activité génitale

Score on the analogic scale (0/10)

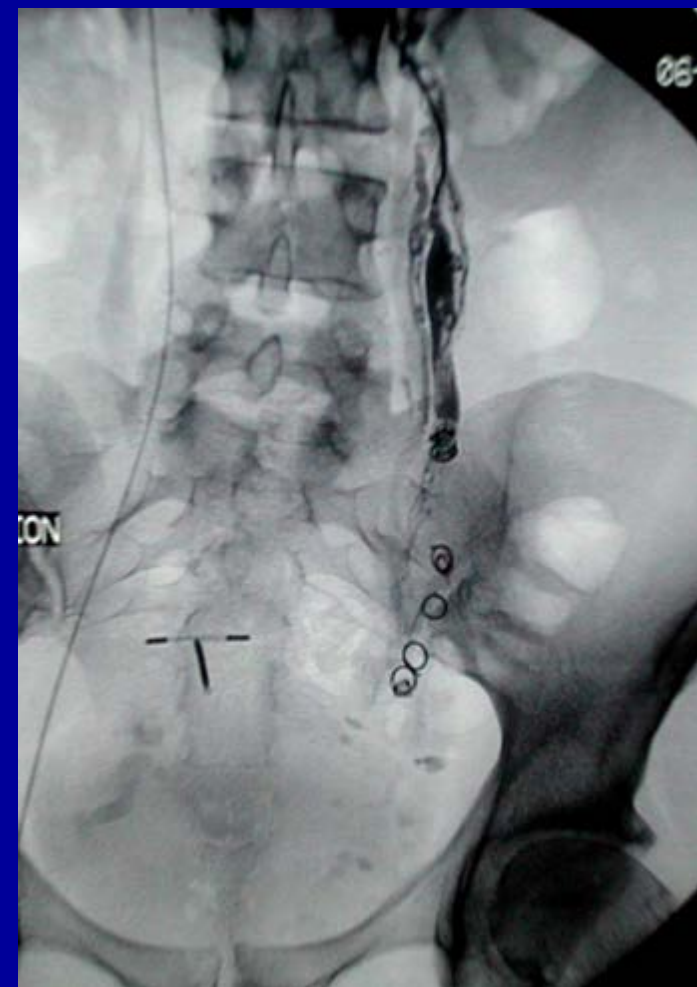


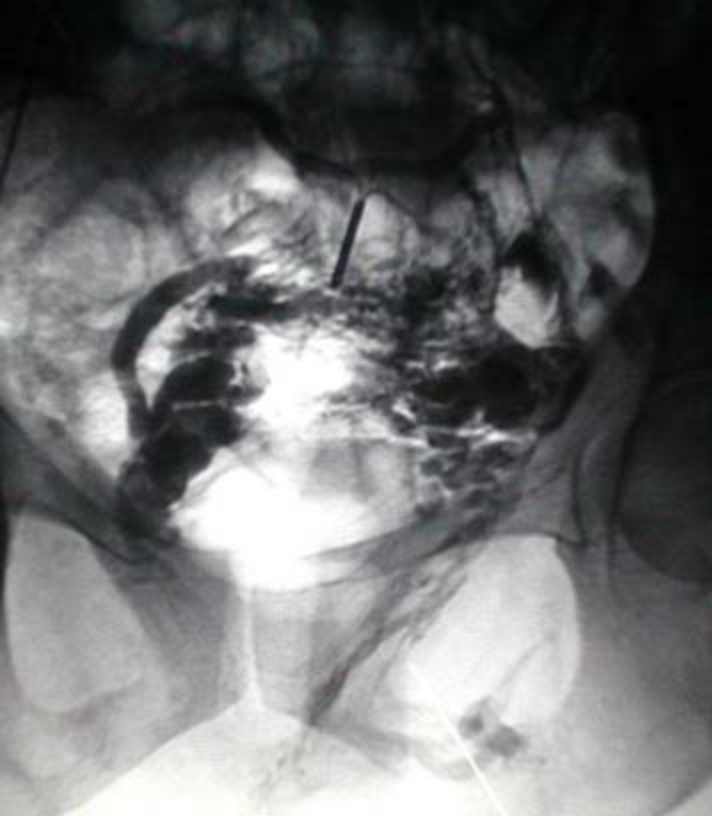


Pelvic vein exploration
Salle angiographie
Local anesthesia
Femoral R : 24
Femoral L : 4
Femoral RL : 2
6 coils



Embolization of the left ovarian vein





Reflux

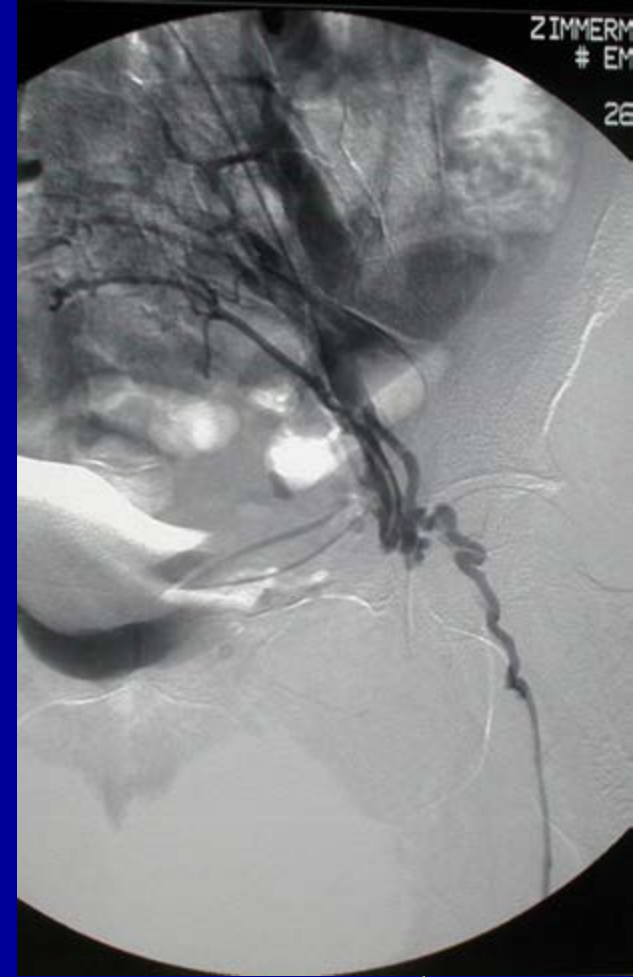
Left ovarian vein :

Enormous dilatation



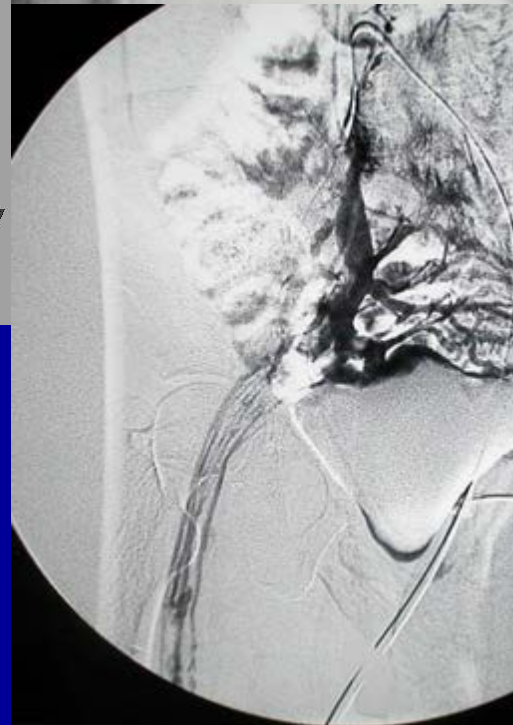
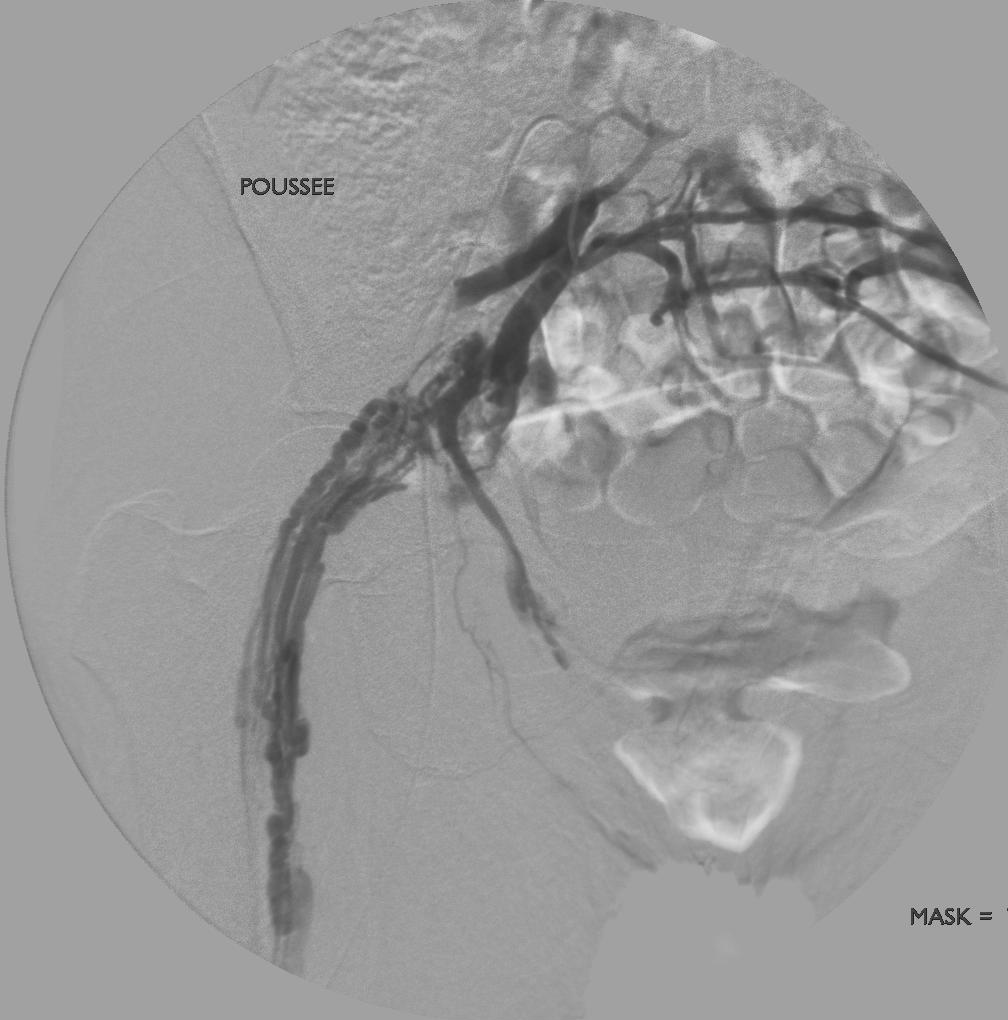
R

**insufficiency
Hypogastric
R and L**



L

Perineal varices



**Insufficiency of the sciatic vein
Fed by the hypogastric vein**



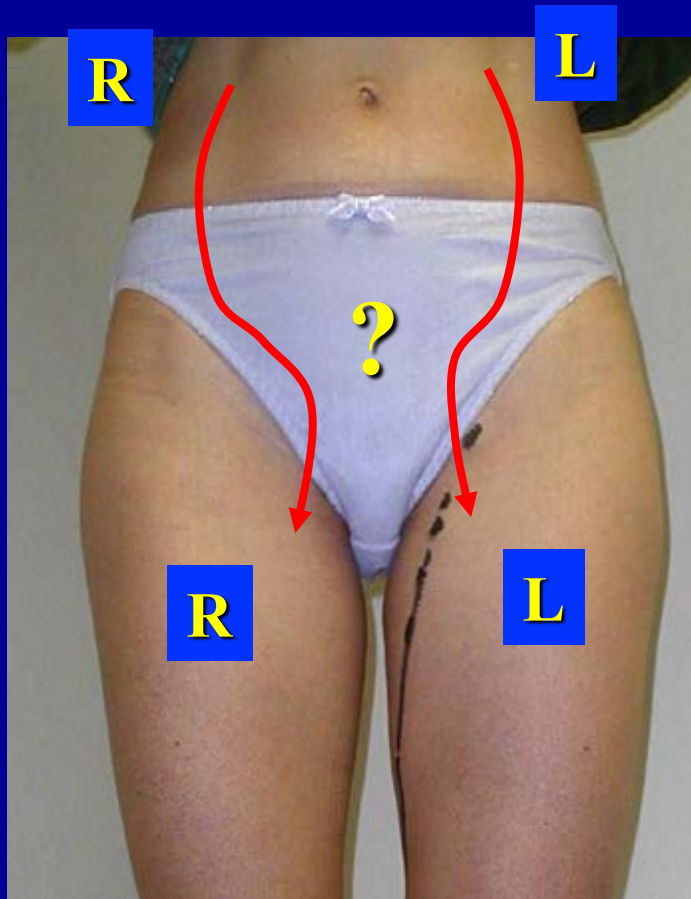
(Fit.



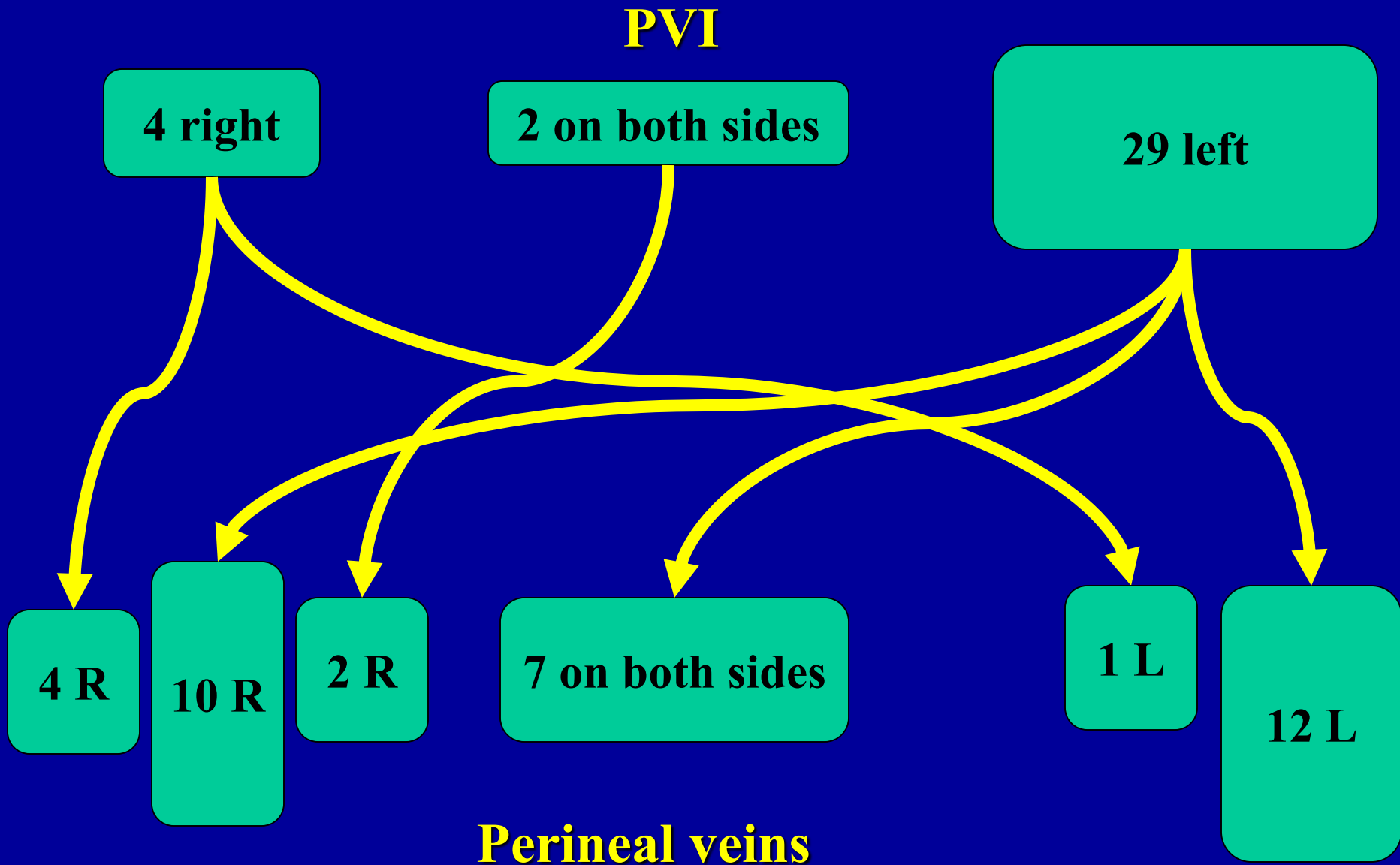
(Fit. 7)

Vulvar varices

Could we guess the side and the type of PVI responsible for The perineal thigh varices ???

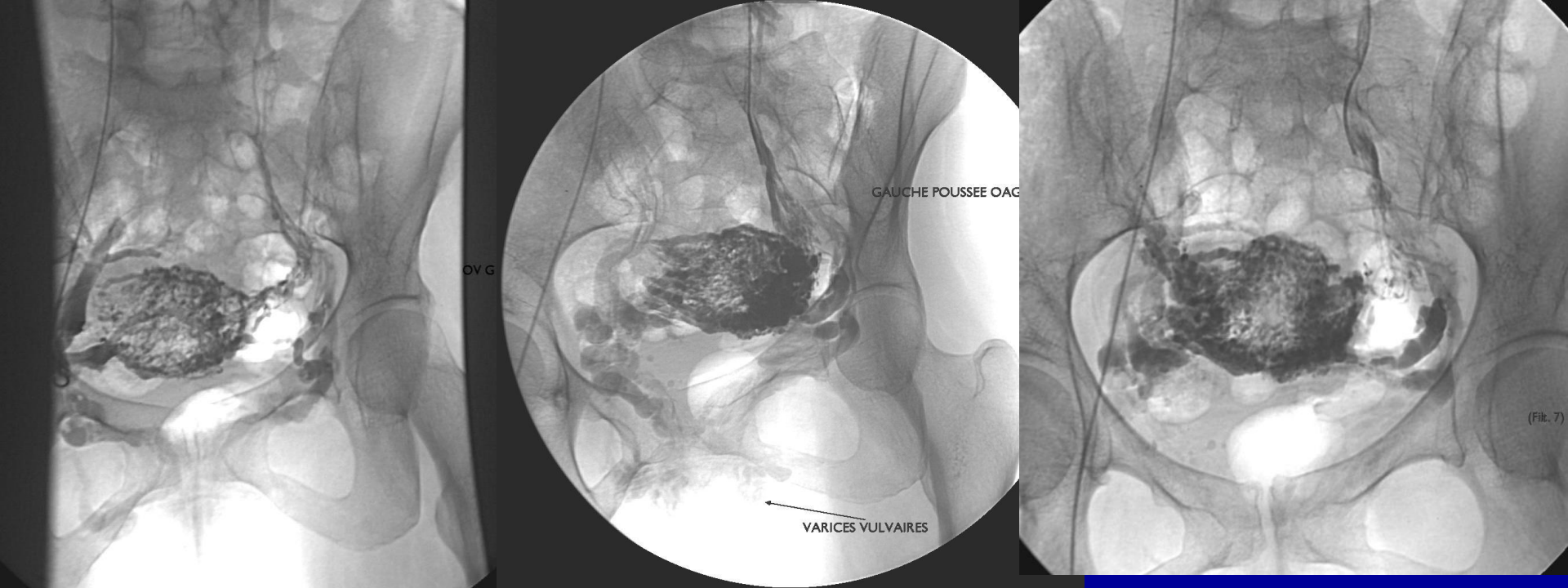


Clinical correlation according to the side of PVI



Clinical correlation according to the side of the PVI

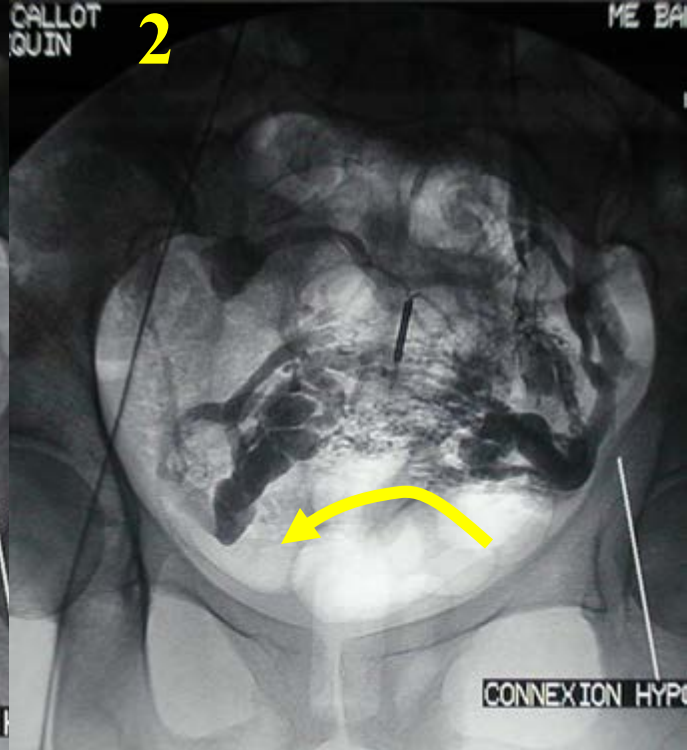
Side	Left varices	Right varices	Varices on both sides
29 Left PVI	12	10	7
4 right PVI	1	4	0
2 IVP on both sides	0	2	0



Enormous left varicocele

Crossing to the left

Pieri A. et al. *Phlébologie* 1999;5:45-51



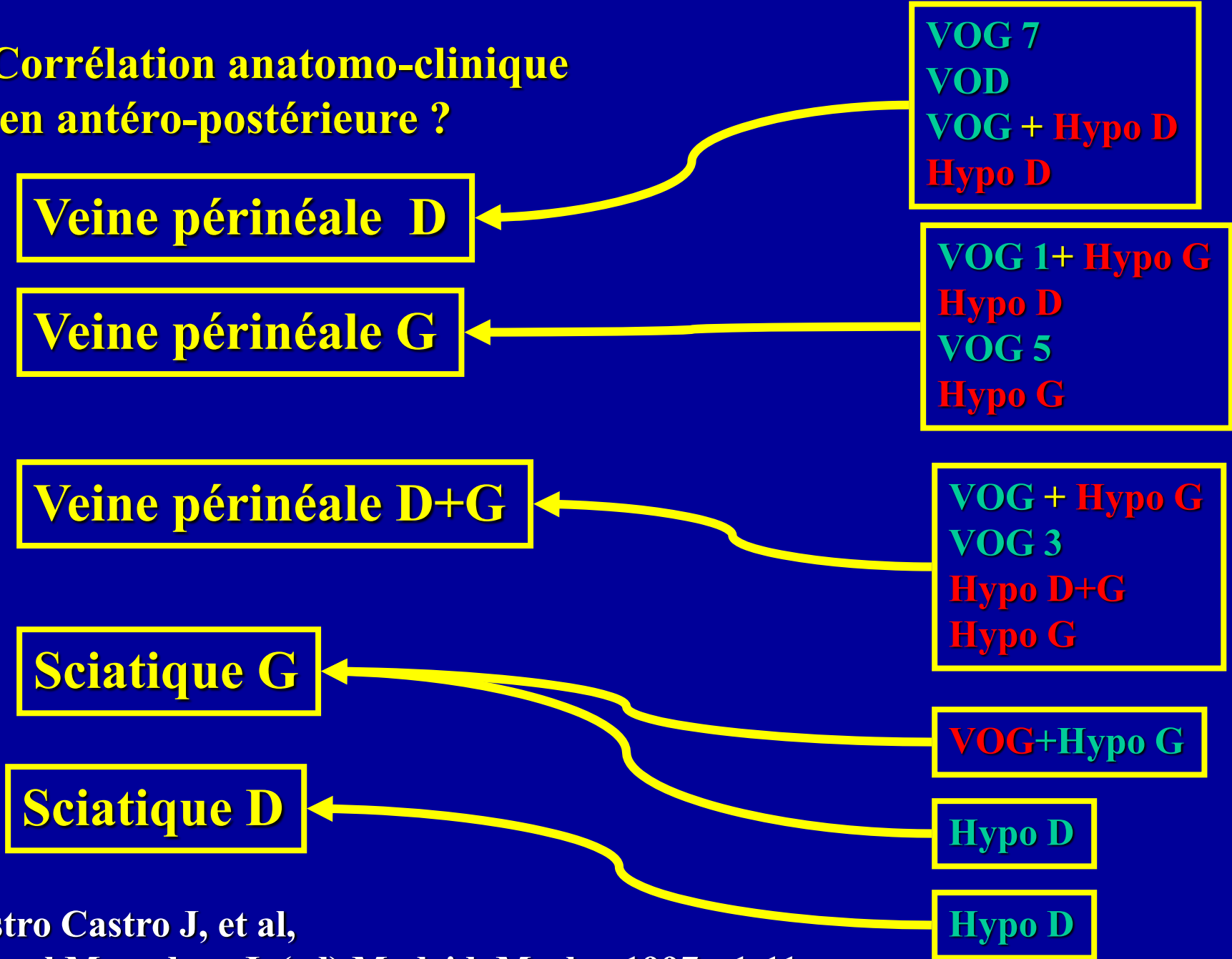
**Bilatéralité
constante**



**Croisement
Sus-vésical →
Sous-vésical ←**



Corrélation anatomo-clinique en antéro-postérieure ?



Castro Castro J, et al,
in Leal Monedero J, (ed) Madrid, Mosby, 1997 : 1-11

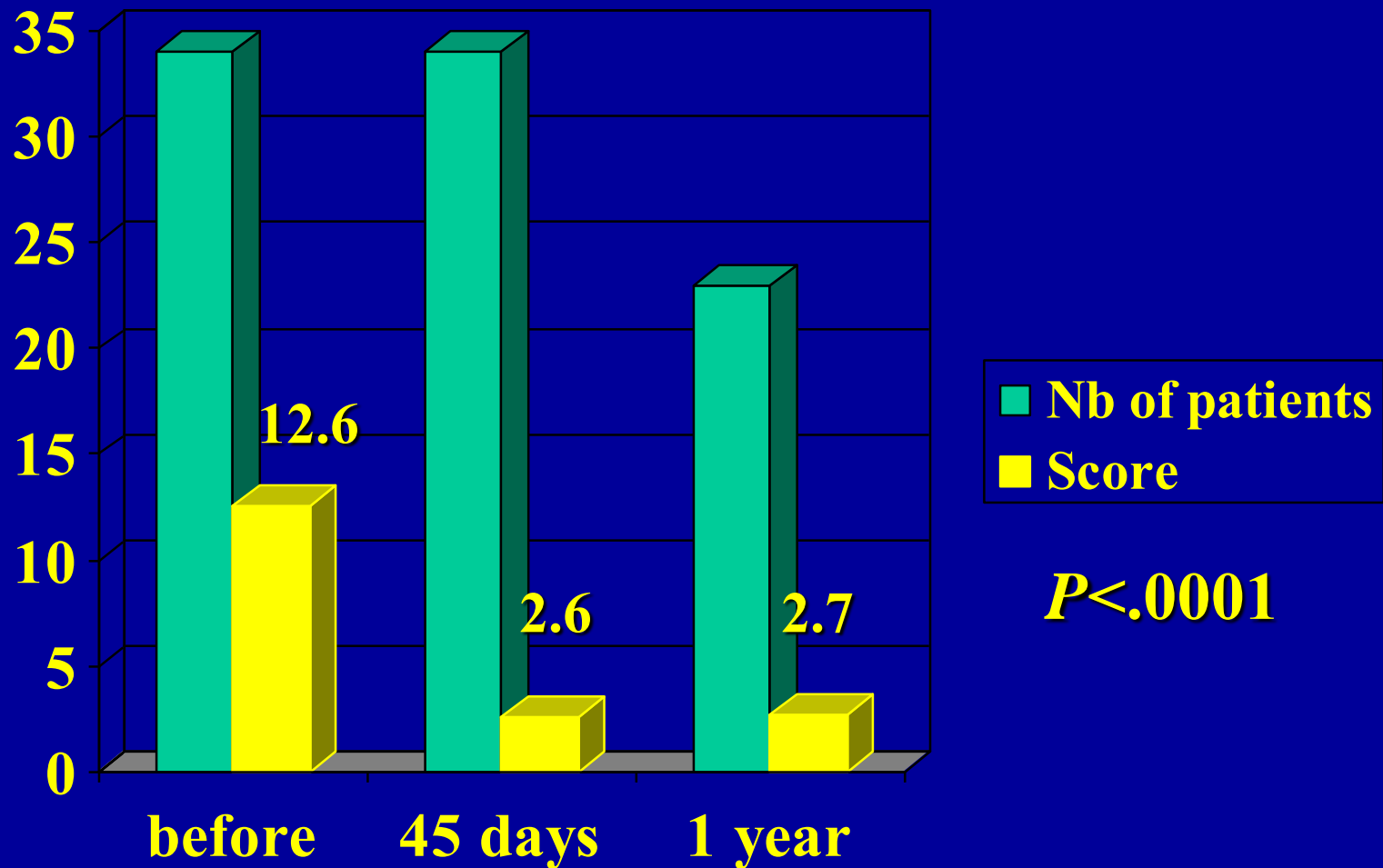
**Clinical correlation according to the
anterior and posterior side
(ovaric or hypogastric)**

P=.05

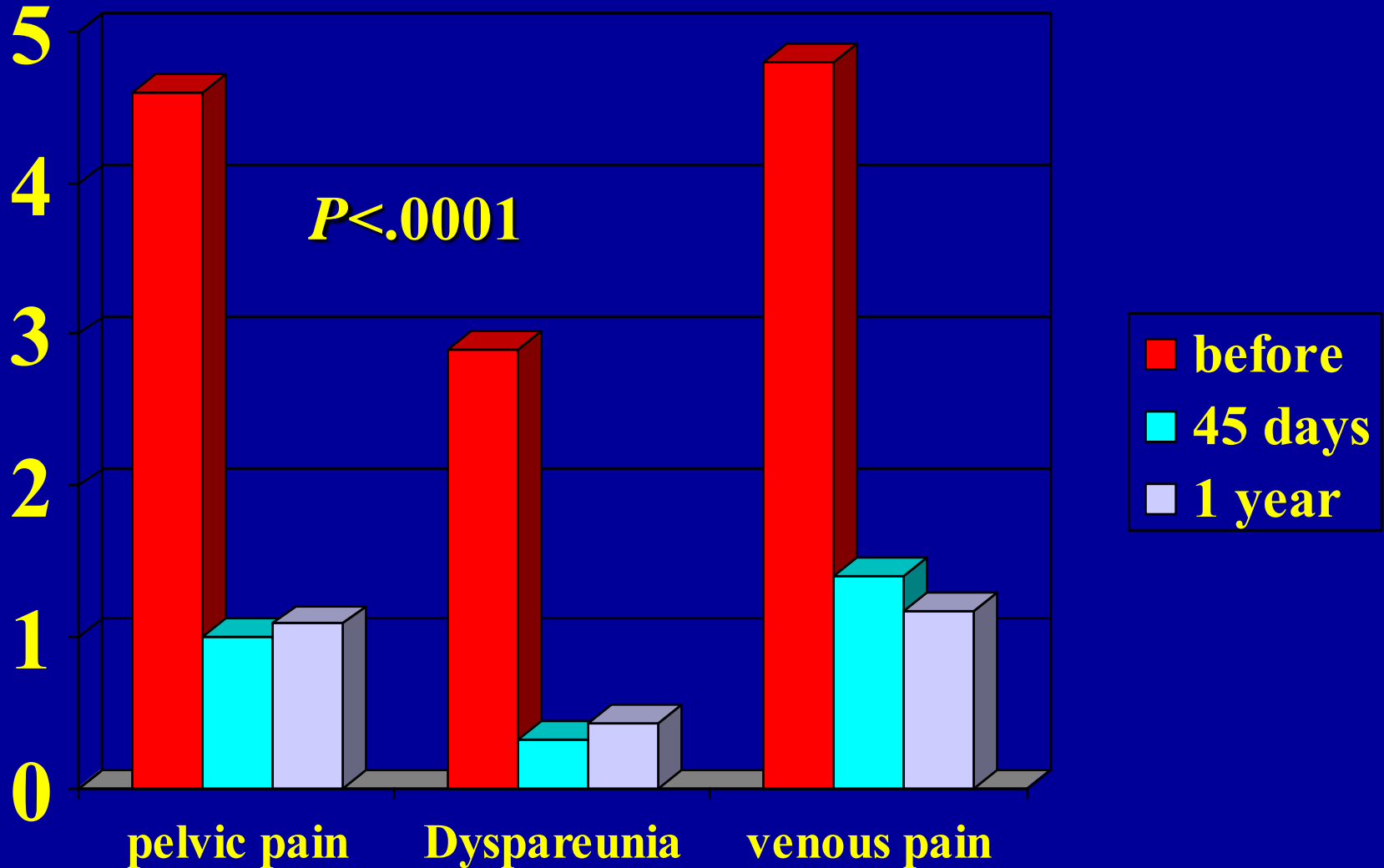
Varices	Ovaric source	Hypogastric source	Ovaric + hypogastric source
8 L perineal V	5	2	1
10 R perineal V	8	1	1
6 R+L perineal V	3	2	1
1 R sciatic vein		1	
2 L sciatic V		1	1

Result clinical Score

Clinic and duplex examination : same analogic scale



Clinical evaluation on analogic scale



Conclusion

Non-saphenous varices thigh

**1 pelvic pain before / periods
2 varices pain before / periods**

3 Dyspareunya

Clinical score > 8

**certainly pelvic vein
insufficiency**



symptoms are good signs of pelvic vein insufficiency in young women

There is **no** anatomo-clinical correlation
Between **varices** and **pelvic vein insufficiency**

The **4 pelvic vein ways** should be systematically explored

Multiple embolizations proved to be **more effective**

Results very **satisfying** on the symptoms

Results on the recurrences no assessed