PELVIC VEIN INSUFFICIENCY
IN WOMEN PRESENTING WITH PERINEAL VARICES

International School of
Venous Surgery

D Creton - Nancy
Pelvic vein syndrome

1. Pelvic pain
   - Pelvic heaviness
   - Irritabilité vésicale
   - Constipation
   - Varices vulvaires
   - Hémorroïdes

2. Dyspareunya

3. varice pain

Just before or during the periods

Just after intercourse
3 precise clinical signs:

1/ pelvic pain just before or during the periods

2/ Dyspareunia

3/ varice pain just before or during the periods

Analogic scale 0.........................10

$\text{PVI clinical score} = 0.........................30$
### Types of varices:

<table>
<thead>
<tr>
<th>Types of Varices</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perineal veins R/L</td>
<td>32</td>
</tr>
<tr>
<td>Sciatic vein</td>
<td>1</td>
</tr>
<tr>
<td>Perforators on the buttock</td>
<td>1</td>
</tr>
</tbody>
</table>
Other varices associated With perineal varices:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>High perforators thigh buttock</td>
<td>9</td>
</tr>
<tr>
<td>Sciatic veins</td>
<td>3</td>
</tr>
<tr>
<td>Insufficiency of the SFJ + trunk</td>
<td>4</td>
</tr>
<tr>
<td>Short saphenous</td>
<td>1</td>
</tr>
<tr>
<td>Lymphoganglionic veins</td>
<td>2</td>
</tr>
</tbody>
</table>
14 perineal veins + *recurrences*
n-13 in the same territory  GSV
n-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

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>age</th>
<th>score</th>
<th>Pelvic vein insufficiency</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>young</td>
<td>23</td>
<td>41</td>
<td>13.8</td>
<td>Yes</td>
<td>&lt;.0094</td>
</tr>
<tr>
<td>young</td>
<td>4</td>
<td>37</td>
<td>4.7</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>menopause</td>
<td>6</td>
<td>53</td>
<td>0.8</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
Score clinique d’insuffisance veineuse pelvienne des femmes en activité génitale

Nombre de patientes

No PVI

PVI

0 8 30
Score on the analogic scale (0/10)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelvic pain</td>
<td>4.6</td>
<td>68%</td>
</tr>
<tr>
<td>Dyspareuny</td>
<td>2.9</td>
<td>44%</td>
</tr>
<tr>
<td>Varice pain</td>
<td>4.8</td>
<td>68%</td>
</tr>
</tbody>
</table>

n=34
Pelvic vein exploration
Salle angiographie
Local anesthesia
Femoral R : 24
Femoral L : 4
Femoral RL : 2
6 coïls
Embolization of the left ovarian vein
Reflux
Left ovarian vein:
Enormous dilatation
insufficiency
Hypogastric
R and L

Perineal varices
Insufficiency of the sciatic vein
Fed by the hypogastric vein
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

PVI

- 4 right
- 2 on both sides
- 29 left

Perineal veins

- 10 R
- 2 R
- 7 on both sides
- 1 L
- 12 L
Clinical correlation according to the side of the PVI

<table>
<thead>
<tr>
<th>Side</th>
<th>Left varices</th>
<th>Right varices</th>
<th>Varices on both sides</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 Left PVI</td>
<td>12</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>4 right PVI</td>
<td>1</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>2 IVP on both sides</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>
Crossing to the left

Enormous left varicocele

Bilatéralité constante

Croisementment

Sus-vésical

Sous-vésical
Corrélation anatomo-clinique en antéro-postérieure ?

- Veine périnéale D
- Veine périnéale G
- Veine périnéale D+G
- Sciatique G
- Sciatique D

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

P=.05

<table>
<thead>
<tr>
<th>Varices</th>
<th>Ovaric source</th>
<th>Hypogastric source</th>
<th>Ovaric + hypogastric source</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 L perineal V</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>10 R perineal V</td>
<td>8</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>6 R+L perineal V</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>1 R sciatic vein</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2 L sciatic V</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Result clinical Score

Clinic and duplex examination: same analogic scale

<table>
<thead>
<tr>
<th>Time</th>
<th>Nb of patients</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>before</td>
<td></td>
<td>12.6</td>
</tr>
<tr>
<td>45 days</td>
<td></td>
<td>2.6</td>
</tr>
<tr>
<td>1 year</td>
<td></td>
<td>2.7</td>
</tr>
</tbody>
</table>

$P<.0001$
Clinical evaluation on analogic scale

$P < .0001$
Conclusion

Non-saphenous varices thigh

1 pelvic pain before / periods
2 varices pain before / periods
3 Dyspareuny

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 not assessed.