

# Going Against the Flow: Vascular Etiologies of Abdomino-Pelvic Pain

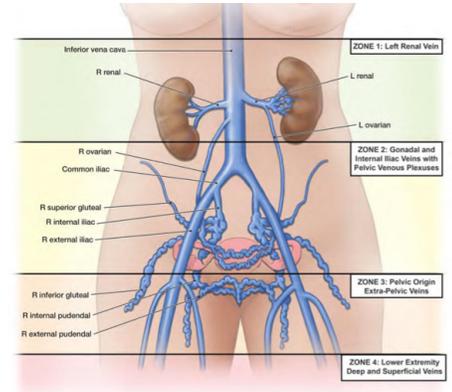
Diana Atashroo, MD

## Key Points:

- ★ Pelvic venous disorders often co-occur with other pelvic pain conditions (estimated to involve approximately 30% of chronic pelvic pain patients) but are often under-recognized
- ★ There is an overall lack of standardized diagnostic criteria for pelvic venous disorders
- ★ Treatment options are currently limited and involve medication and surgical interventions
- ★ Future steps include developing a standardized nomenclature when referencing pelvic venous disorders and continue research efforts regarding treatment

## The Pelvic Venous System

- Three major vascular systems are interconnected: the renal/ovarian, iliac and lower extremities
- It is hypothesized that pain can occur when blood backs up and pools in dependent regions of the pelvis
  - This can lead to ischemia (tissue damage due to lack of blood flow) of the vessel and surrounding organs
  - Increased pressure within the vessels release pain mediators
  - Increased pressure on surrounding nerves

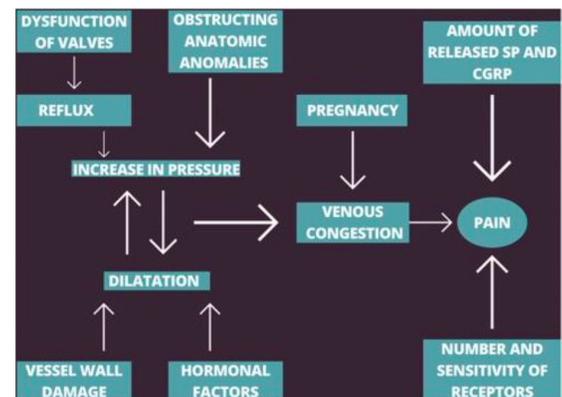


## Symptoms:

- Pelvic pain with increased intra-abdominal pressure
- Post-coital/intercourse pain or ache
- Pelvic heaviness

## Risk factors:

- Multiparity (multiple pregnancies)
- Hormonal changes (ex: PCOS)
- Genetics
- Varicose veins
- Pelvic adhesions (ex: abdominal masses, endometriosis, trauma history)



## How to diagnose:

- History and physical examination
- Ultrasound is the primary imaging method; however, CT, MRI (magnetic resonance imaging) and venography also have utility
- Laparoscopy (last line because it is costly, invasive and unreliable)

## Treatment options:

- Medications: Hormonal (Progesterone medications) and non-Hormonal (GnRH agonists)
- Interventional radiology vein embolization
- Surgery (ovarian vein ligation or hysterectomy)