

Pelvic congestion syndrome

Underdiagnosed, misdiagnosed, and undertreated ...

What IVUS may show you

R. de Graaf, MD PhD
Interventional Radiologist
Clinic of Friedrichshafen

Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

- Consulting: Cook medical; Optimed GmbH; Bard; Volcano/Philips; Straub; Bentley; Vesper Medical;
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

- I do not have any potential conflict of interest

Pelvic Congestion Syndrome

- Ovarian vein incompetence
 - Embolization
- May-Thurner Compression
 - Stenting
- Nutcracker Phenomenon
 - Stenting
 - Open surgery
 - Minimal invasive surgery

Diagnosis and treatment of pelvic congestion syndrome: UIP consensus document

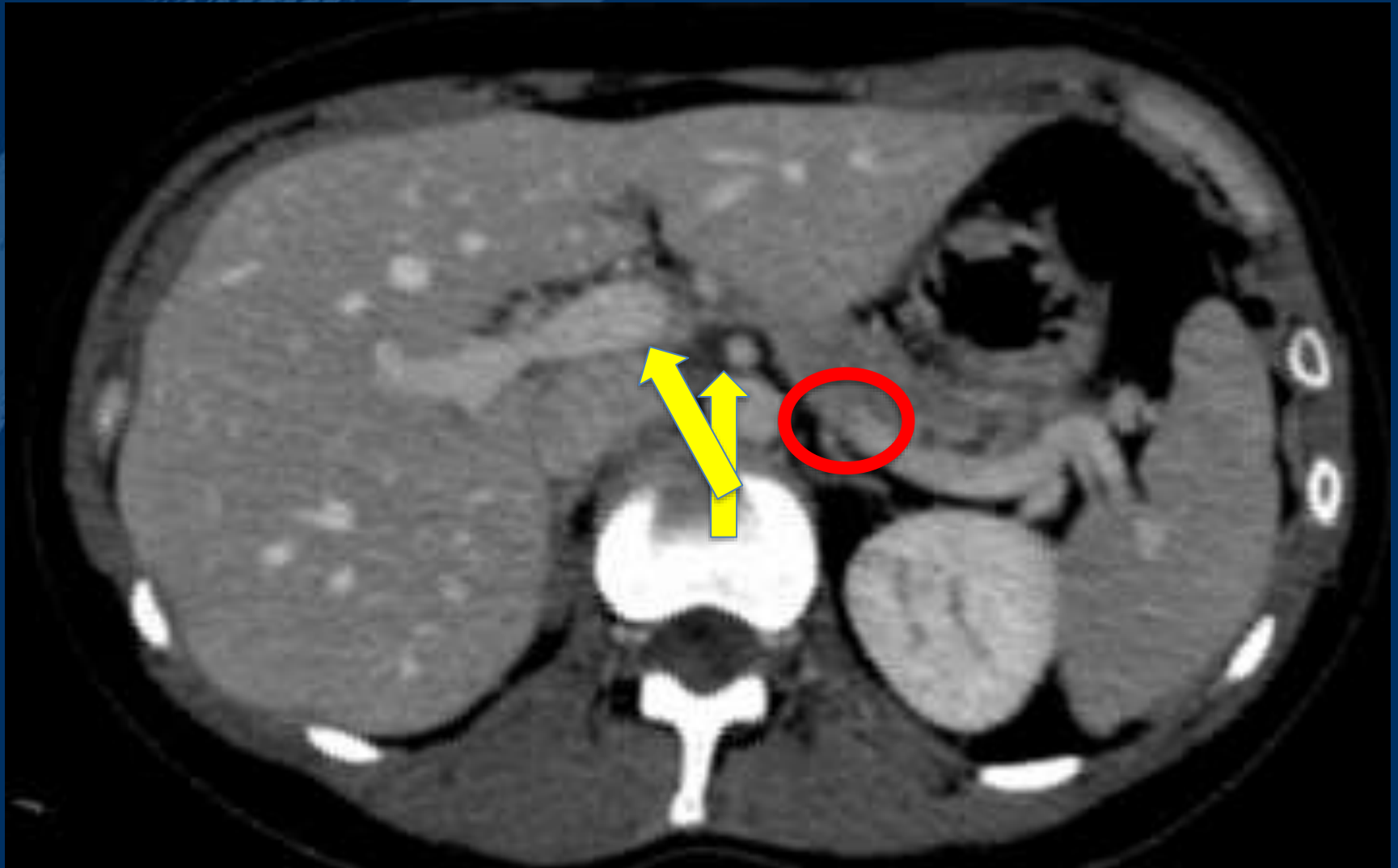
Int Angiol. 2019 Aug;38(4):265-283.

„Typical Case“

- Female, 48 Y
- Long-term pelvic complaints
- April 2011 Angiography
- April 2011 PTA left CIV
- May 2011 CTV and Embolization (L. Ovarian vein)
- August 2011 Stent in left CIV
- Jan 2012 re-Angio
- Feb 2012 re-embolization
- Nov 2019 MRV
- Jan 2012 Angio + IVUS

Diagnostic CTV

LINC

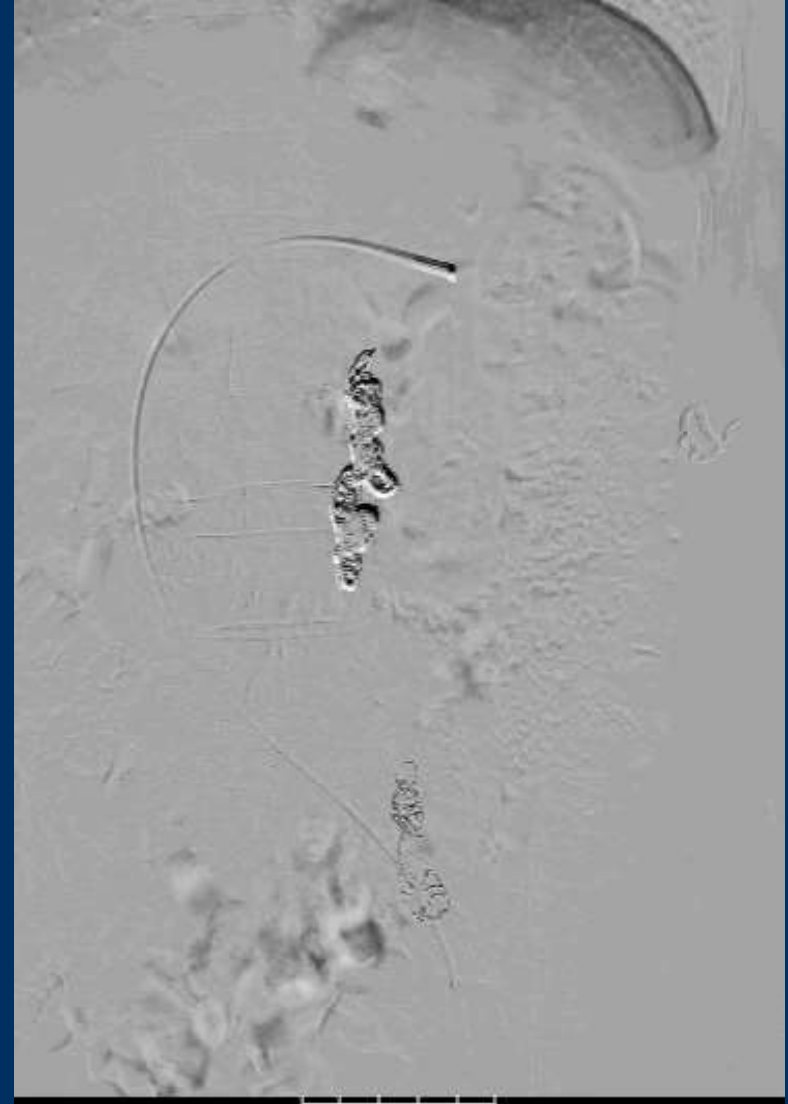


Angiographic presentation

Before Embo 2011



Renal vein Angio 2020

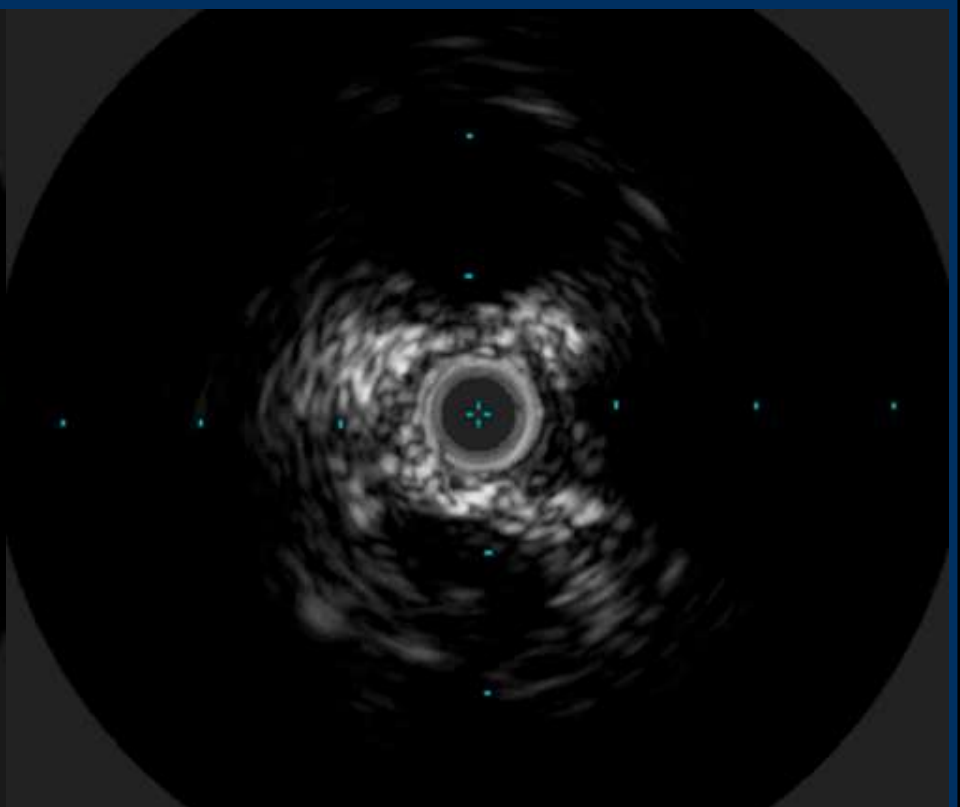
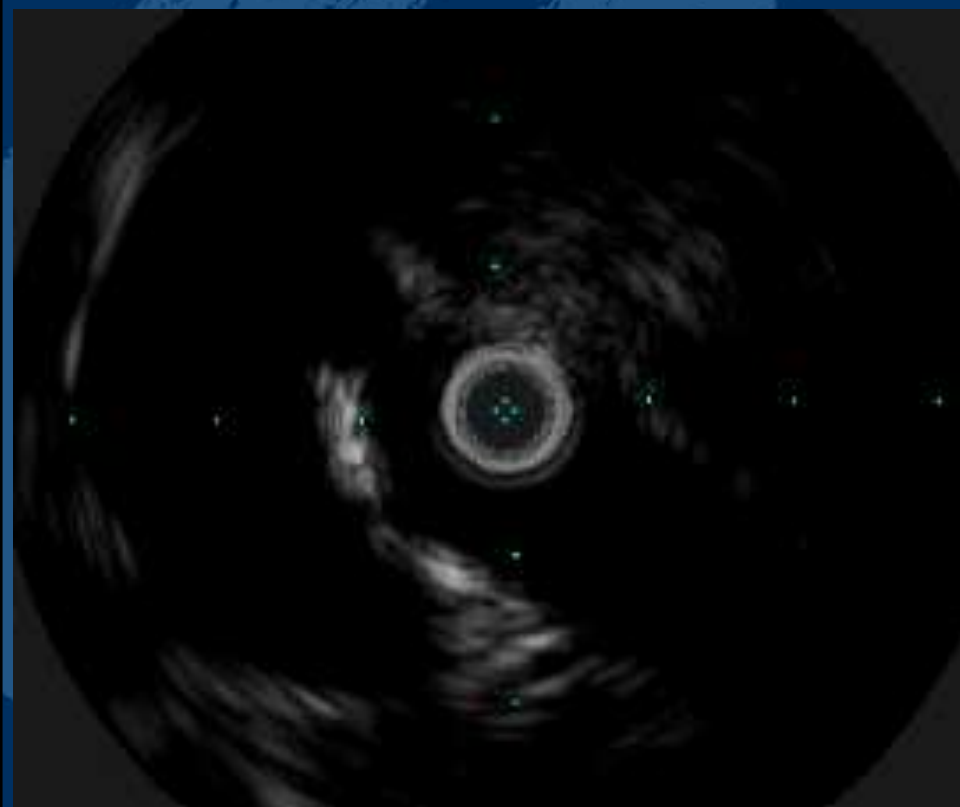




IVUS to diagnose the Cause

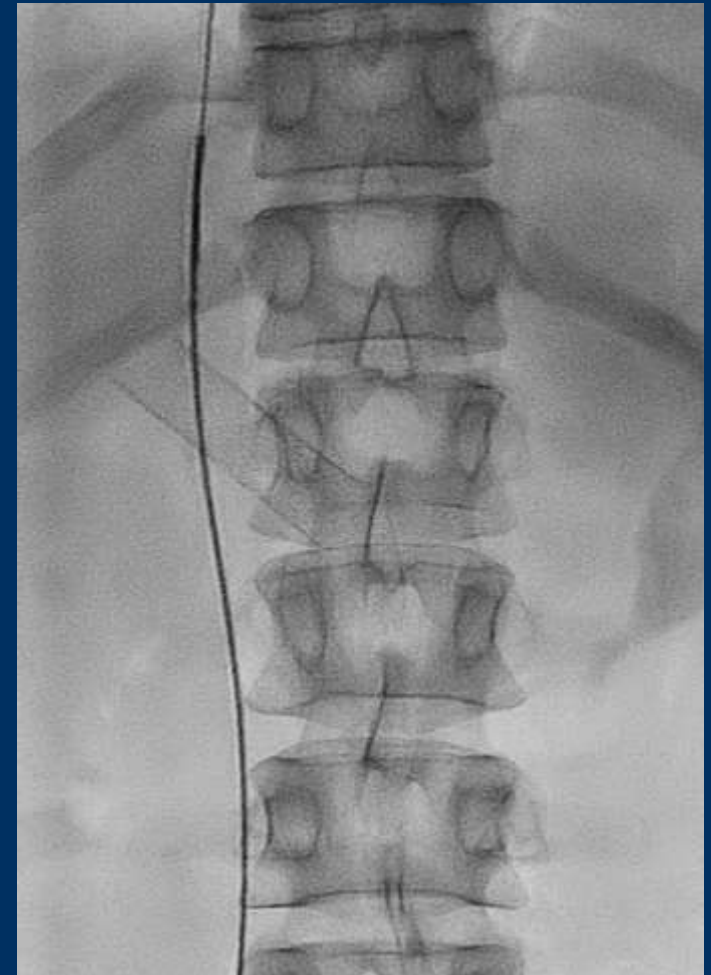
Left CIV/Stent

Left Renal Vein



IVUS to guide Stenting

LINC



Summary

The logo for LINC (Lung Imaging and Care) features a stylized, colorful graphic of a lung or a similar anatomical structure in shades of blue, red, and yellow, positioned above the letters "LINC" in a white, sans-serif font.

LINC

- Suspicion of PCS
 - Full angiographic examination
 - Exclude obstruction of the left CIV **AND** renal vein
- IVUS is valuable as in DVO, even more so

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