Pelvic congestion syndrome

Underdiagnosed, misdiagnosed, and undertreated ...

What IVUS may show you

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Disclosure

Speaker name:

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*

„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
Angiographic presentation

Before Embo 2011

Renal vein Angio 2020
IVUS to diagnose the Cause

Left CIV/Stent

Left Renal Vein
IVUS to guide Stenting
Summary

- 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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