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Case Report Open Access

Chronic Pelvic Pain in a Woman

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Abstract

Pelvic congestion syndrome (PCS) is a genital, parietal or visceral pelvic syndrome manifesting as chronic pelvic pain, favored by multiparity, sedentary lifestyle and excess weight.

PCS causes post-coital pain, dyspareunia, dysmenorrhea, and more rarely urinary or neurological disorders, affecting patients' psychological health.

Etiologies are dominated by Nutcracker syndrome, Cockett's syndrome, thrombosis and venous insufficiency. Doppler ultrasound is the 1st-line examination for making the diagnosis and performing a dynamic study using the Valsalva maneuver.

In our patient, the PCS was due to valvular incompetence, resulting in reversal of venous flow and causing pelvic and genital varicose veins of the lower limbs.

CT confirmed the diagnosis, showing dilatation of the left renal vein and homolateral ovarian vein due to venous insufficiency, and ruled out other etiologies.

Keywords: Pelvis; Varicose veins; Congestion; Tomography; Women

Case Report

A 60-year-old female patient with no significant medical history presented with chronic pelvic pain, described as heaviness, which improved in the evening with rest and lying down, all occurring without fever. Clinical examination revealed vulvar and lower limb varices. A pelvic Doppler ultrasound showed the presence of pelvic varices. An abdominal-pelvic computed tomography (CT) scan was performed (Figure 1).

Diagnosis

Pelvic Congestion Syndrome (PCS)

Discussion

Pelvic congestion syndrome is a genital, parietal or visceral pelvic syndrome that manifests itself as chronic pelvic pain lasting more than 6 months, characterized by heaviness, favored by orthostatism and soothed by rest and lying down.

Multiparity, standing, heredity, sedentary lifestyle, excess weight and constipation are risk factors for PCS. The psychological impact is significant, especially among young women suffering from PCS, which can cause post-coital pain, dyspareunia, dysmenorrhea, and occasionally urinary or neurological symptoms.

Anatomically, the left ovarian vein drains directly into the left renal vein, while the right ovarian vein drains directly into the inferior vena cava. This anatomical configuration explains why PCS is predominantly left-sided;

The etiologies are dominated by Nutcracker syndrome [1,2] (anterior = aorto-mesenteric clamp, and posterior = retroaortic left renal vein), Cockett's syndrome [3] (=compression of the left common iliac vein by the right primitive iliac artery), thrombosis, and venous insufficiency.

In our patient, PCS is due to valvular incompetence, resulting in reversal of venous flow and causing pelvic and lower-limb varicose veins.

Doppler-ultrasound, a first-line examination, allows for diagnosis and dynamic evaluation using the Valsalva maneuver [4].

CT scan confirms the diagnosis, showing dilation of the left renal vein and homolateral ovarian vein due to venous insufficiency and rules out other etiologies.

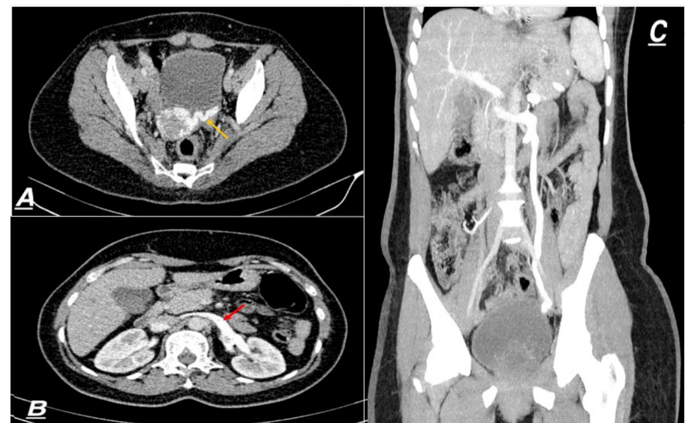

Figure 1: Abdominal-pelvic CT scan in axial and coronal section, in parenchymal windows showing (**A**) Dilatation of the left ovarian vein (yellow arrow) (**B**) Dilatation of the left renal vein (red arrow) (**C**) Distended left ovarian vein draining into the left renal vein.

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PCS requires endovascular treatment = phlebography.

Conclusion

Pelvic congestion syndrome is a complex syndrome that should always be considered in the presence of chronic pelvic pain in women, especially if there are contributing factors, such as varicose veins. Imaging is used to make a positive and etiological diagnosis. Treatment is based on phlebography.

Conflict of Interest

All authors declare no conflict of interest relevant to this article.

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