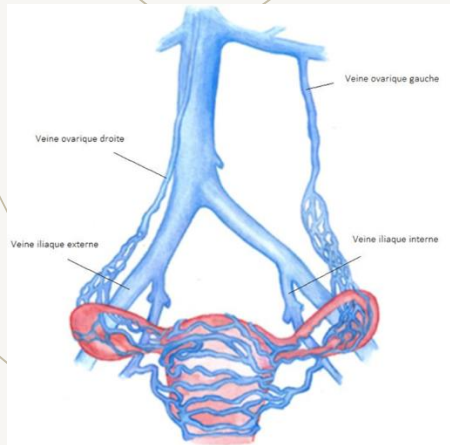


CONGESTION PELVIENNE ET RADIOLOGIE

— DU DIAGNOSTIC AU TRAITEMENT



EMBOLLE

Docteur PE ALLARD

Formathon – 22 novembre 2025

Pas de conflit d'intérêt



Douleurs pelviennes
chroniques
=
20% des motifs de consult en
gynéco

Douleurs pelviennes
chroniques
=
30% non expliquées

Douleurs pelviennes
chroniques
=
30% ont des varices
pelviennes



SYNDROME DE CONGESTION PELVIENNE



Insuffisance veineuse pelvienne chronique

- Pathologie peu connue
- Prévalence non connue

FDR

Sexe féminin

Grossesses +++

- Facteurs hormonaux : prog (diminue élasticité) et oestrog (vasodilatation)
- Facteurs hémodynamiques : volumétrie +50% et débit +++
- Facteurs mécaniques : compression utérus gravide
- Hémato : Hypercoagulabilité

Multiparité +++++



FDR

Sexe féminin

Grossesses +++

Modification poids (yoyo)

FdR d'ins veineuse



Multiparité +++++



T'AS DE LA VEINE

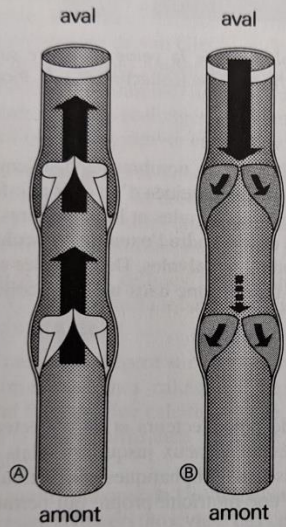
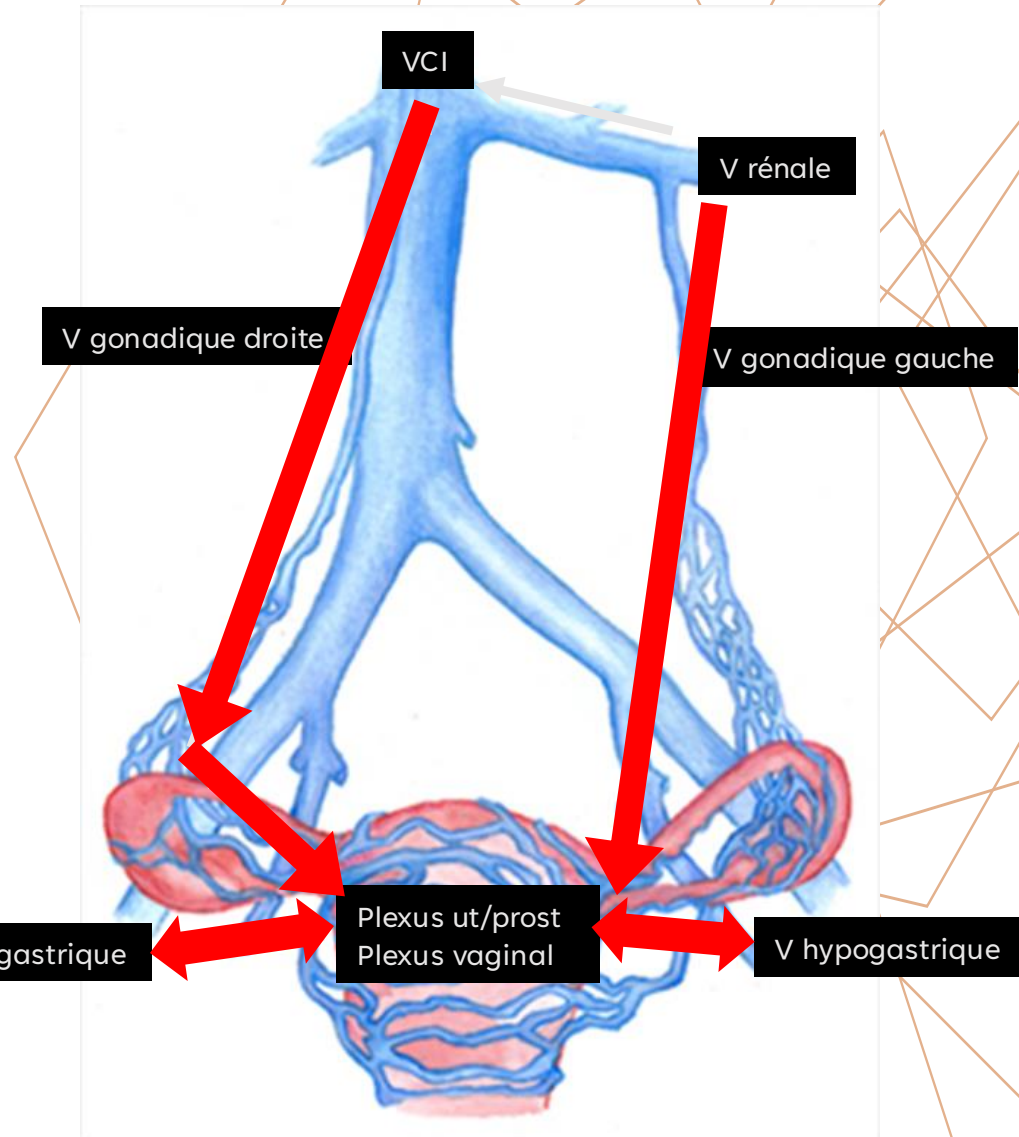
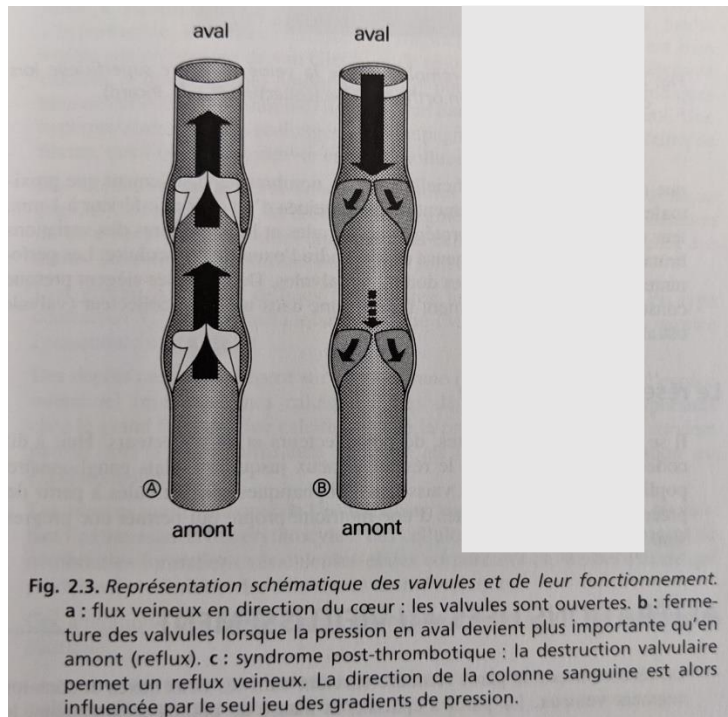
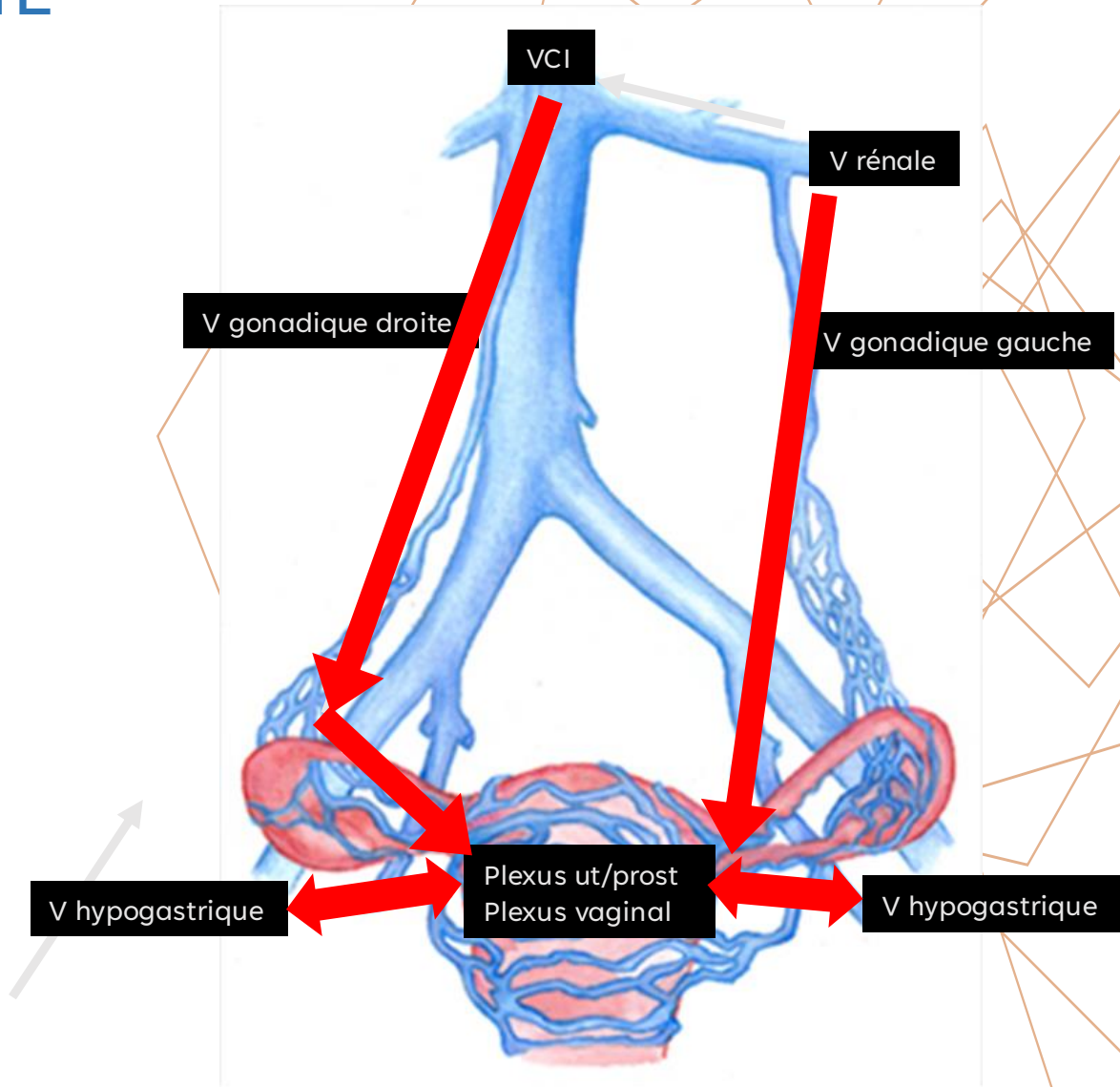
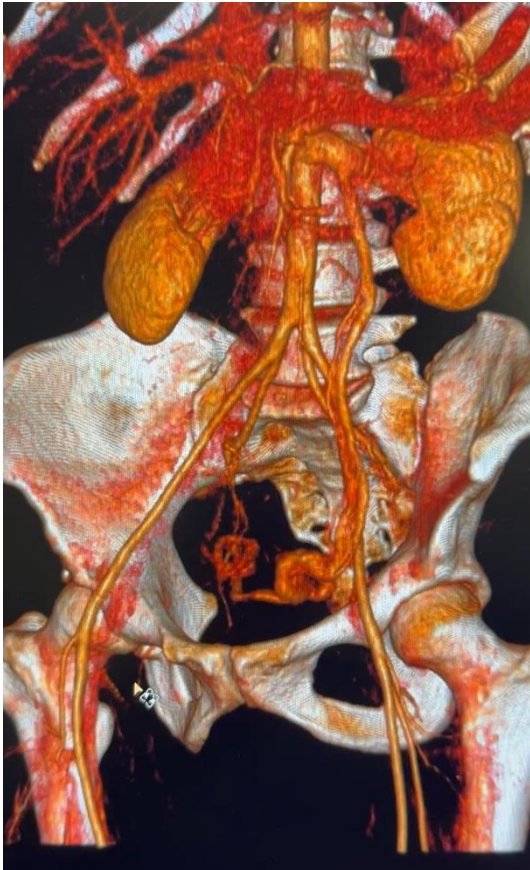


Fig. 2.3. Représentation schématique des valvules
a : flux veineux en direction du cœur : les valvules se ferment lorsque la pression en aval est supérieure à la pression en amont (reflux). c : syndrome post-thrombotique permet un reflux veineux. La direction de l'écoulement est influencée par le seul jeu des gradients de pression.

T'AS DE LA VEINE



T'AS DE LA VEINE



INSUFFISANCE VEINEUSE PELVIENNE

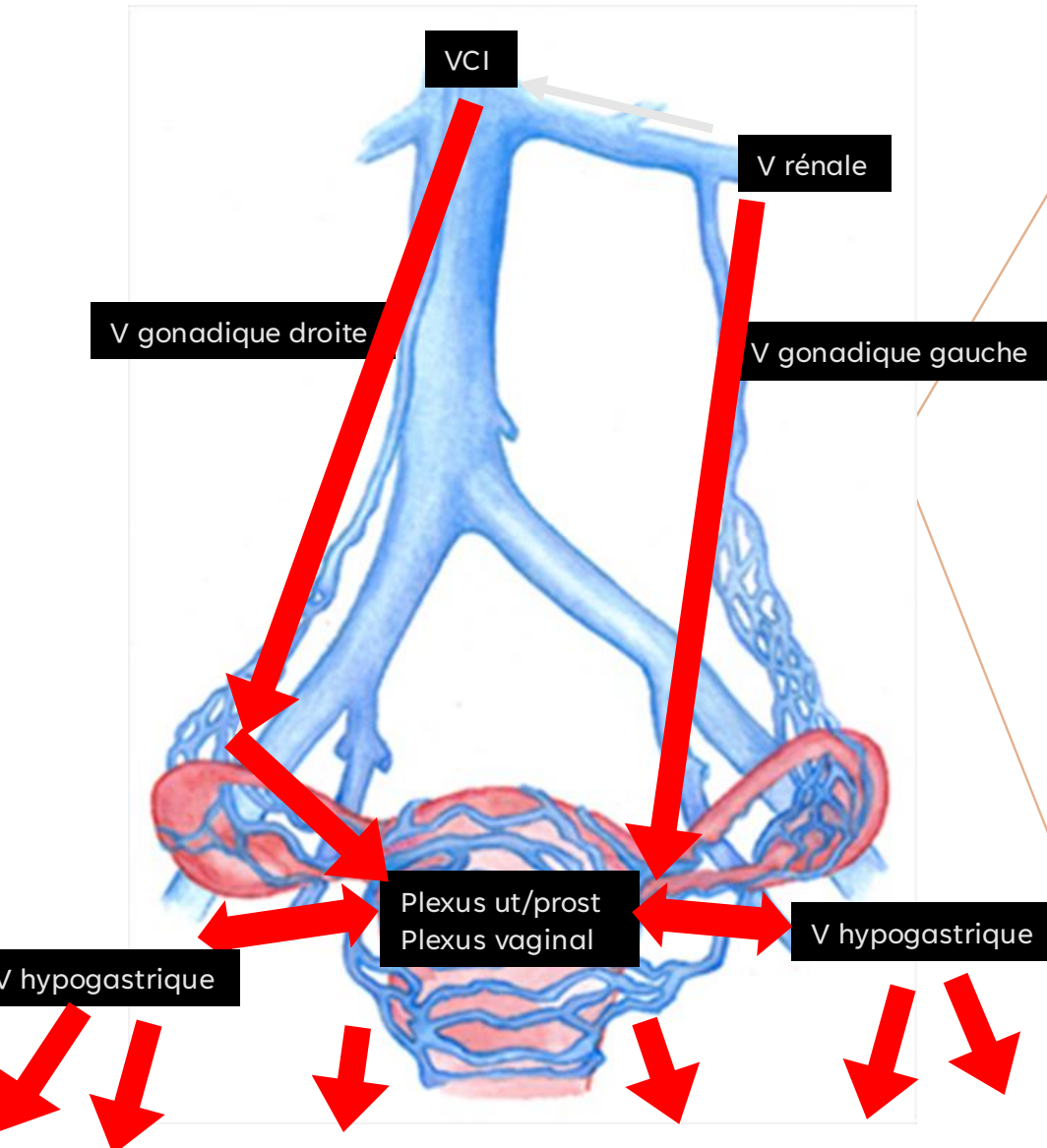
- 1) Syndrome de congestion pelvienne
- 2) Varices MI d'origine pelvienne
- 3) Névralgie pelvienne

SYNDROME DE CONGESTION PELVIENNE

- Douleurs pelviennes chroniques >6mois
 - Aggravées par orthostatisme, fin de journée, chaleur
 - Majoration en période pré-menstruelle
 - Diffuses ou localisées
- Dyspareunies / Douleurs post-coïtales
- Pesanteur pelvienne
- Troubles urinaires (dysuries, urgences)

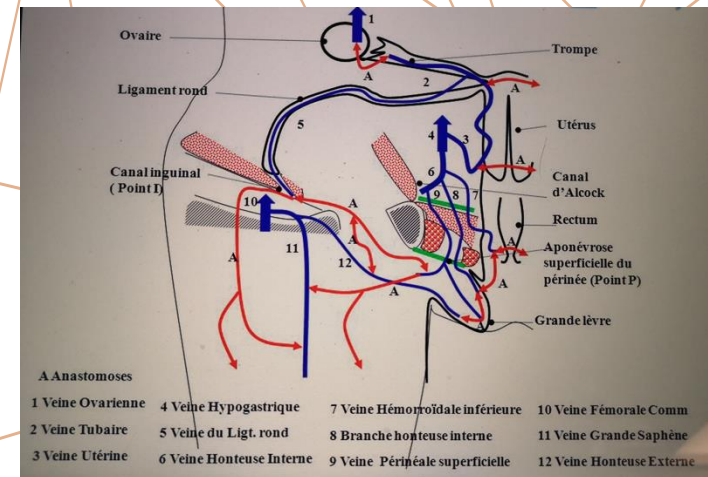
Errance diagnostique : /!\ retentissement psychologique +++

VARICES DES MI D'ORIGINE PELVIENNE



Points de fuite pelviens

Varices racine de cuisse, fesse, vulvaire...



D'après C.Franceschi

NÉVRALGIE PELVIENNE

Douleurs neuropathiques localisées et systématisées

Par contiguité: dilatation et inflammation

Nerfs comprimés/irrités

Sous évalué???

/!\ pathologies pelviennes autres /!\

/!\ DD /!\

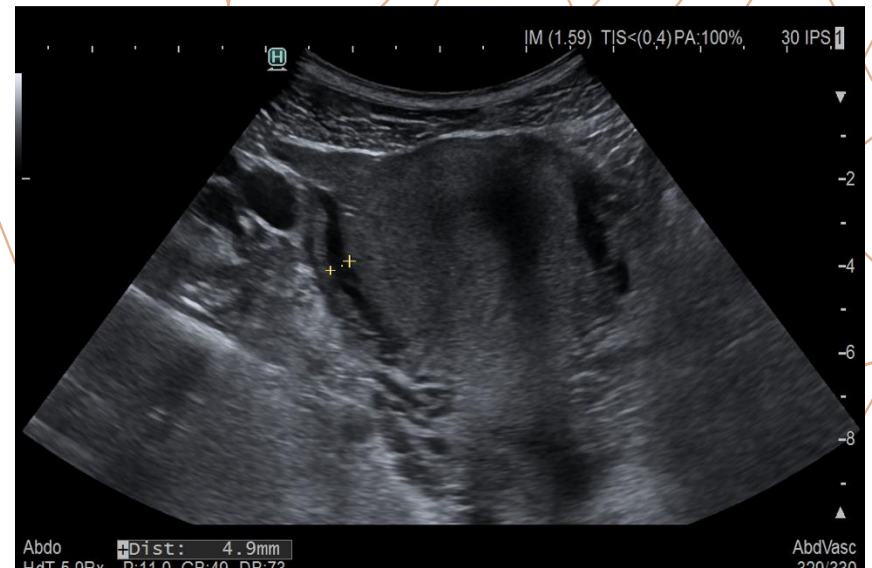
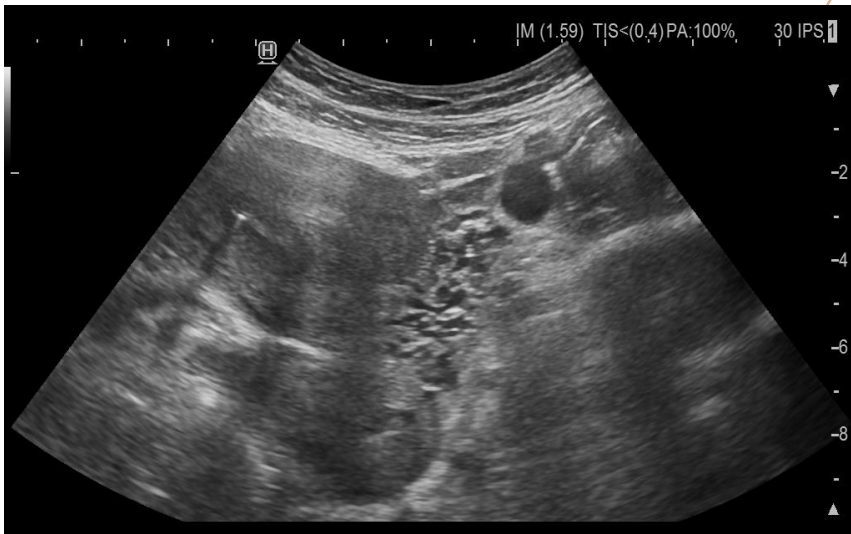
Table 1 Chronic Pelvic Pain Differential Diagnosis

Bowel pathology
Cancer/metastases
Endometriosis
Fibroids
Fibromyalgia
Neurologic pathology
Orthopedic pathology
Ovarian cyst
Pelvic congestion syndrome
Pelvic inflammatory disorder
Porphyria
Urologic pathology
Uterine prolapse

Ignacio EA Semin Intervent Radiol. 2008 Dec;25(4):361-8.

PARACLINIQUES

Echo doppler



PARACLINIQUES

Scanner AP injecté :

Phase artérielle (reflux)

Phase veineuse (varices)

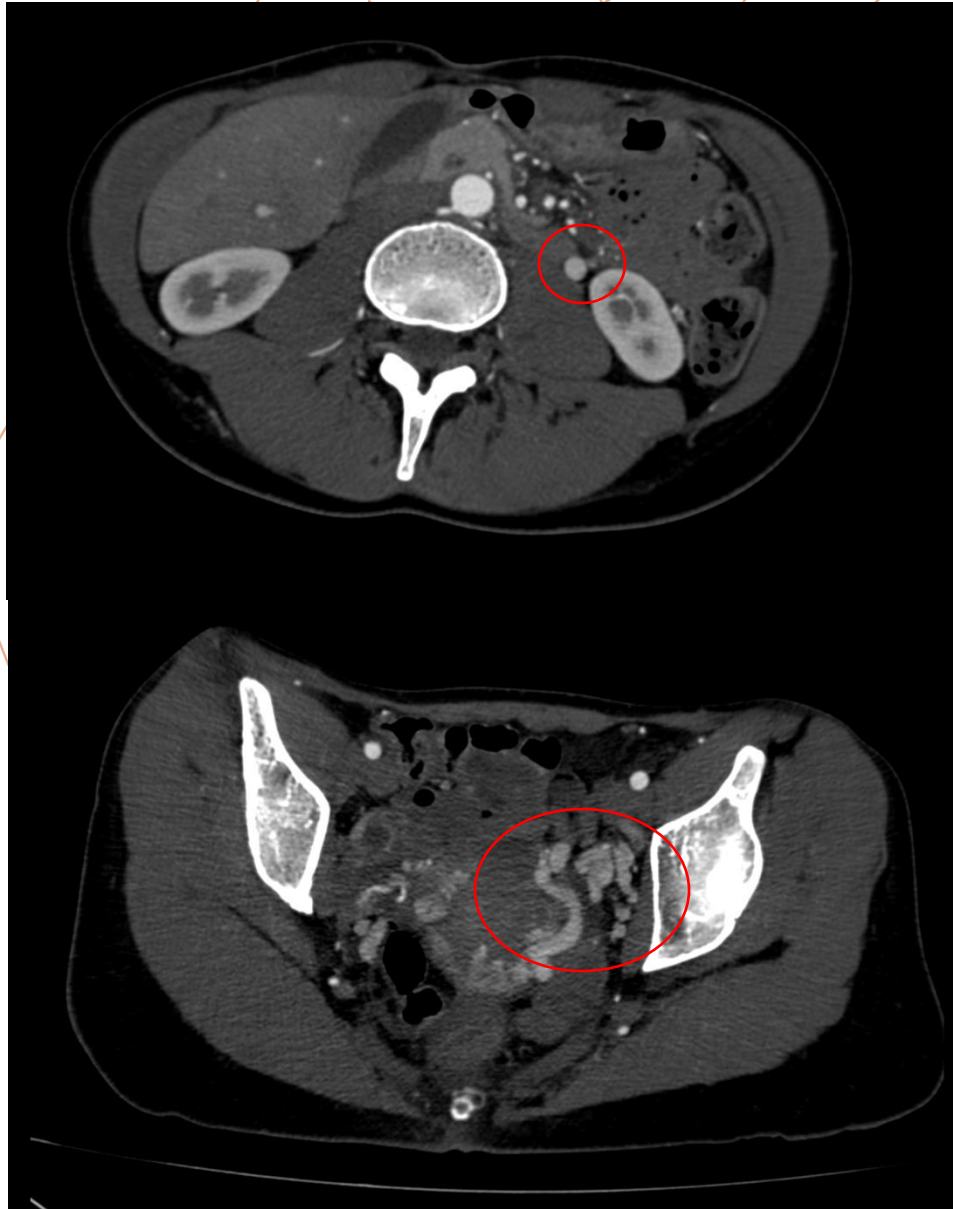


PARACLINIQUES

Scanner AP injecté :

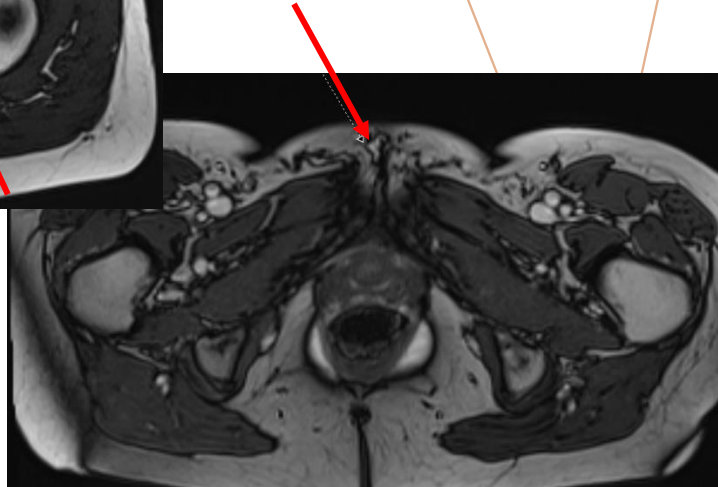
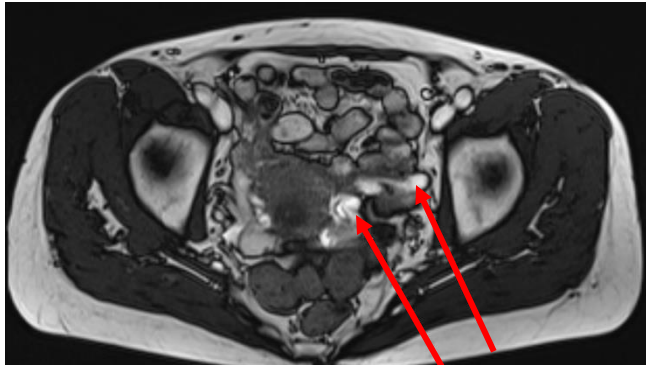
Phase artérielle (reflux)

Phase veineuse (varices)



PARACLINIQUES

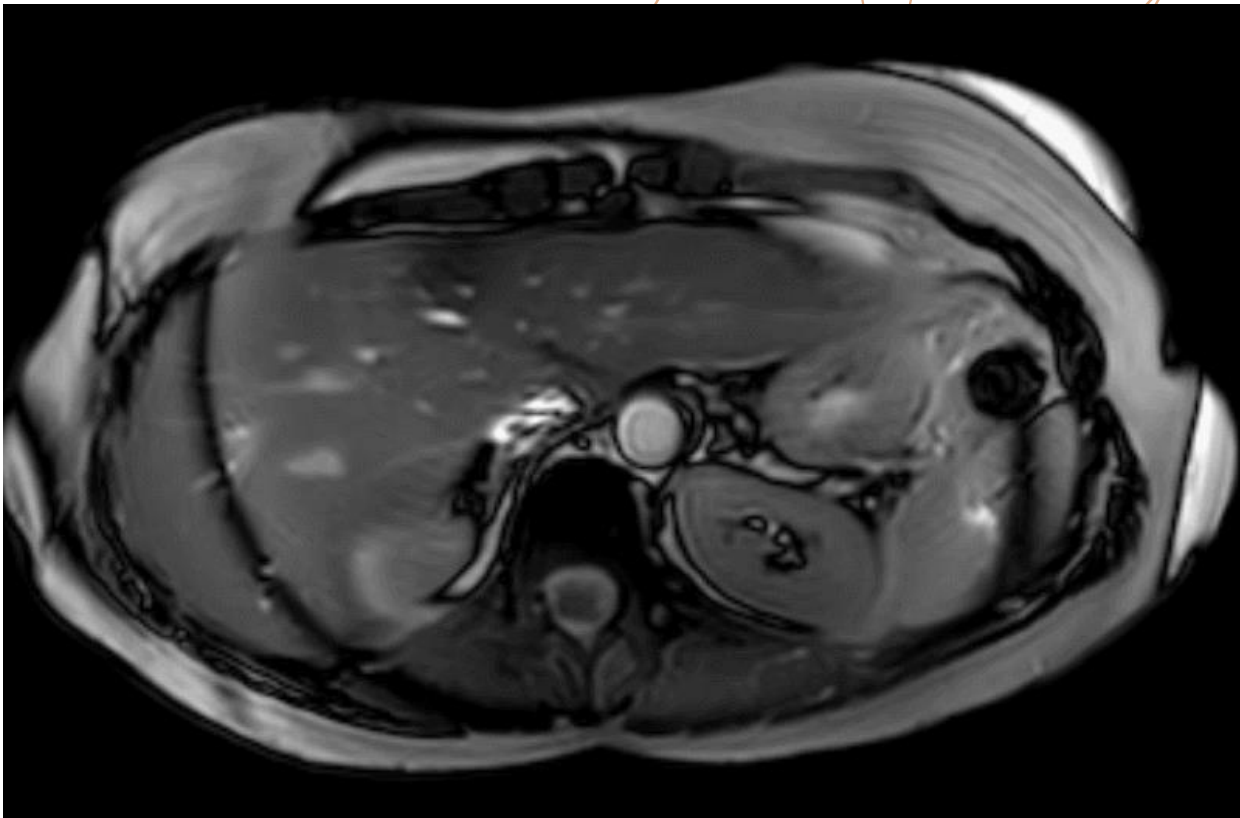
IRM pelvienne injectée:
seq T2 et phlébo dynamiques



PARACLINIQUES

IRM pelvienne injectée:

seq T2 et phlébo dynamiques



AUTRES

Coelio

 [Advanced](#) [Journal list](#)
National Library of Medicine
National Institutes of Health
Journal List > Medicina (Kaunas) > v.57(10); 2021 Oct > PMC8539457



[Medicina \(Kaunas\)](#), 2021 Oct; 57(10): 1041.

Published online 2021 Sep 30. doi: [10.3390/medicina57101041](https://doi.org/10.3390/medicina57101041)

PMCID: PMC8539457

PMID: [34684078](https://pubmed.ncbi.nlm.nih.gov/34684078/)

Advances of Laparoscopy for the Diagnosis of Pelvic Congestion Syndrome

[Christos Arnaoutoglou](#)^{1,*} [Rita S. Variawa](#)² [Paul Zarogoulidis](#)³ [Aris Ioannidis](#)⁴ and [Nikolaos Machairiotis](#)^{5,6}

Simone Ferrero, Academic Editor

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Abstract

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The objective of this review is to describe the effectiveness of laparoscopy in the diagnosis and treatment of pelvic congestion syndrome (PCS). PCS is a cause of chronic pelvic pain (CPP) and is associated with dysfunction of the pelvic venous system. PCS is more common in women of reproductive age, and hormonal changes are associated with its development along with other reasons (e.g., working and living habits). There is an urgent need to establish an effective algorithm for the diagnosis and treatment of CPP, which could have a dramatic effect in patients' everyday life. This algorithm should be able to overcome known issues that lead to the underdiagnosis of PCS, such as the overlap of its symptoms with other diseases. Here, we present our findings from literature articles about the methods used in practice today for the diagnosis of this syndrome. We also compare the methods to propose the most promising technique for providing a diagnosis with high accuracy. In our understanding, laparoscopy is superior when compared to other methods. It can provide a diagnosis of PCS while excluding or identifying other comorbidities and can also lead toward the next steps for the treatment of PCS.

PRISE EN CHARGE

/!\ varices pelviennes et incontinence
veineuse ovarienne **asymptomatiques**



PRISE EN CHARGE

Pluri-disciplinaire +++ (gynéco/angiologue minimum)

Médical : AINS, Médroxyprogestérone acétate, analogue GnRH, implanon

Psychothérapie +++ en association

Study (year)	Patients	Treatment	Time, months	Complications	% Clinical improvement
Medical					
Farquhar et al (1989)	22	MPA vs MPA + psychotherapy	9	Weight gain, bloating	73
Reginald et al (1989)	84	MPA vs placebo	9	Weight gain, bloating	75
Soysal et al (2001)	47	GnRH agonist	12	Hot flashes, mood swings, night sweats	65

PRISE EN CHARGE

Pluri-disciplinaire +++ (gynéco/angiologue minimum)

Consultation de radiologie interventionnelle

PHLÉBOGRAPHIE en ITT : diagnostique et thérapeutique

The screenshot shows the PubMed interface. At the top, the PubMed logo and "US National Library of Medicine National Institutes of Health" are visible. A search bar contains the text "PubMed". Below the search bar, there are links for "Create RSS", "Create alert", and "Advanced". The search results are displayed in a list format. The first result is a case report titled "Case report: pelvic pain syndrome--successful treatment of a case by ovarian vein embolization." by Edwards RD¹, Robertson IR, MacLean AB, Hemingway AP. The abstract text is visible below the title.

Format: Abstract ▾ Send to ▾

See 1 citation found by title matching your search:

Clin Radiol. 1993 Jun;47(6):429-31.

Case report: pelvic pain syndrome--successful treatment of a case by ovarian vein embolization.

Edwards RD¹, Robertson IR, MacLean AB, Hemingway AP.

⊕ Author information

Abstract

Pelvic pain syndrome, without an apparent organic cause, is a common gynaecological complaint. Investigations, including laparoscopy are frequently negative but ovarian venography has demonstrated that pelvic varices are a consistent finding in these patients. The aetiology of pelvic

PRISE EN CHARGE EN RADIOLOGIE INTERVENTIONNELLE

En **ambulatoire**, au BO

Anesthésie locale et sédation consciente

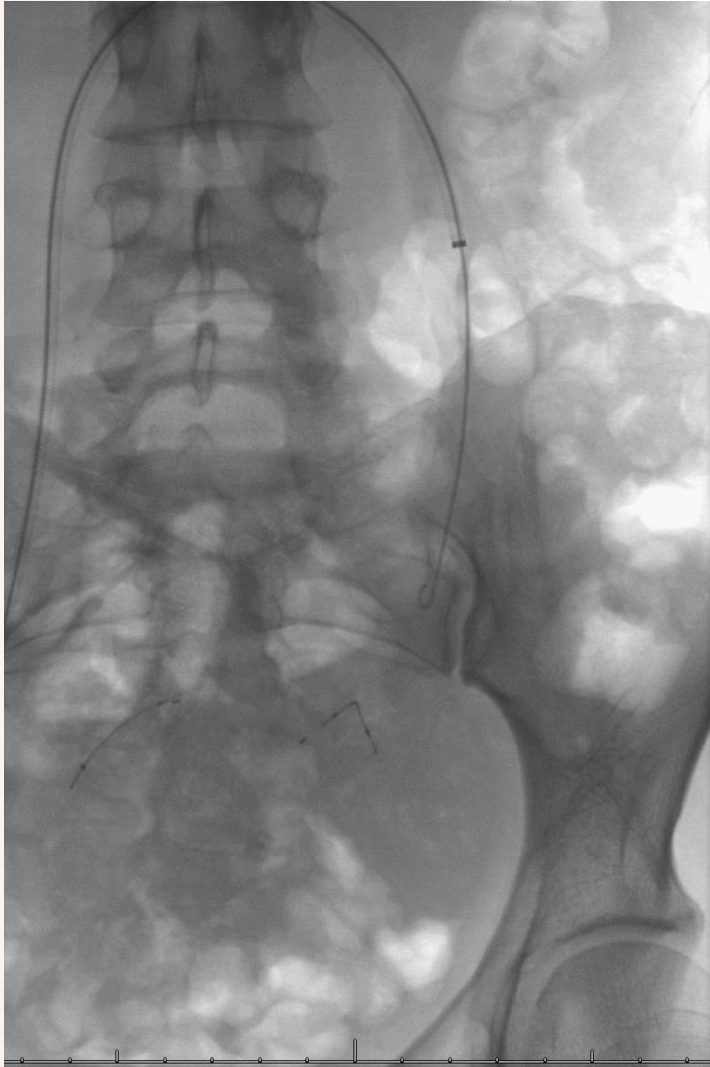
Ponction veine fémorale commune droite

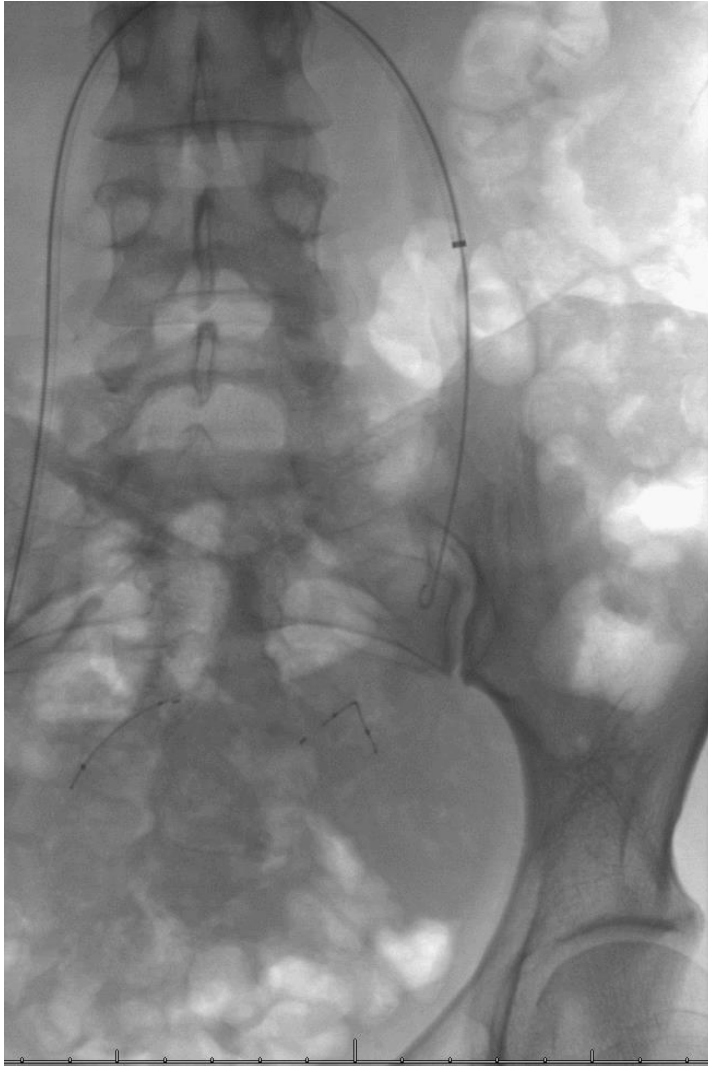
Cathétérisme veine rénale gauche / ovarienne G :

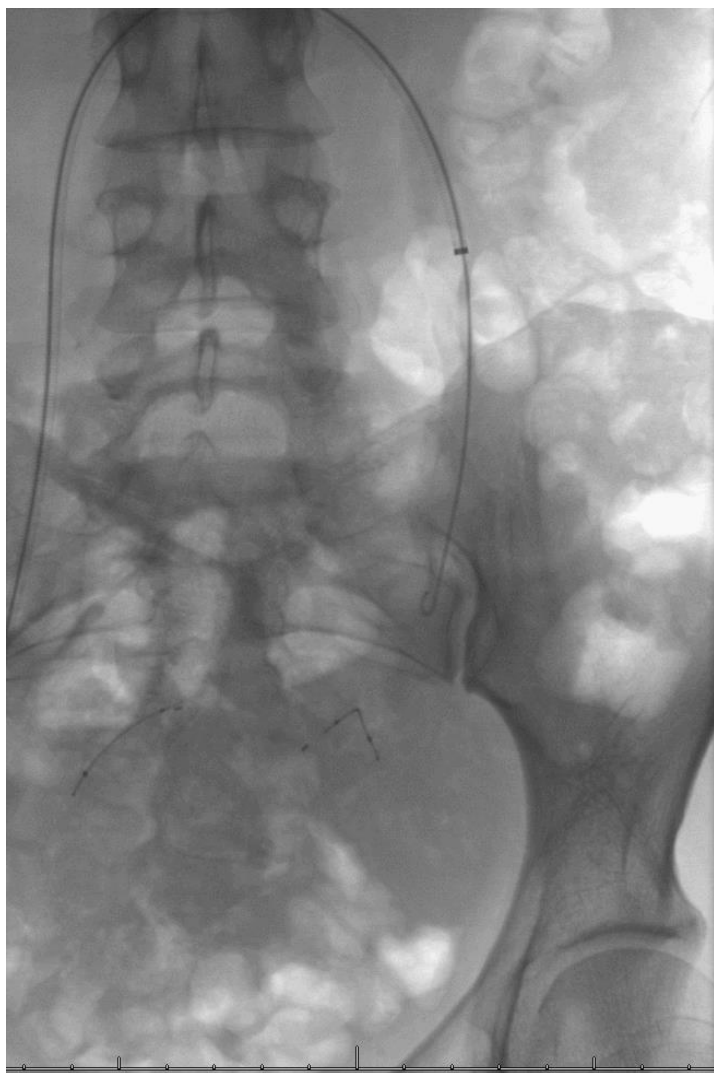
phlébographie rétrograde +/- valsalva

+/- test d'occlusion









SE-MEDICAL SYSTEMS
Clinique du bois
Dr. LEGGHE R.

POURNEUF/1007
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FOV: 16x16 cm
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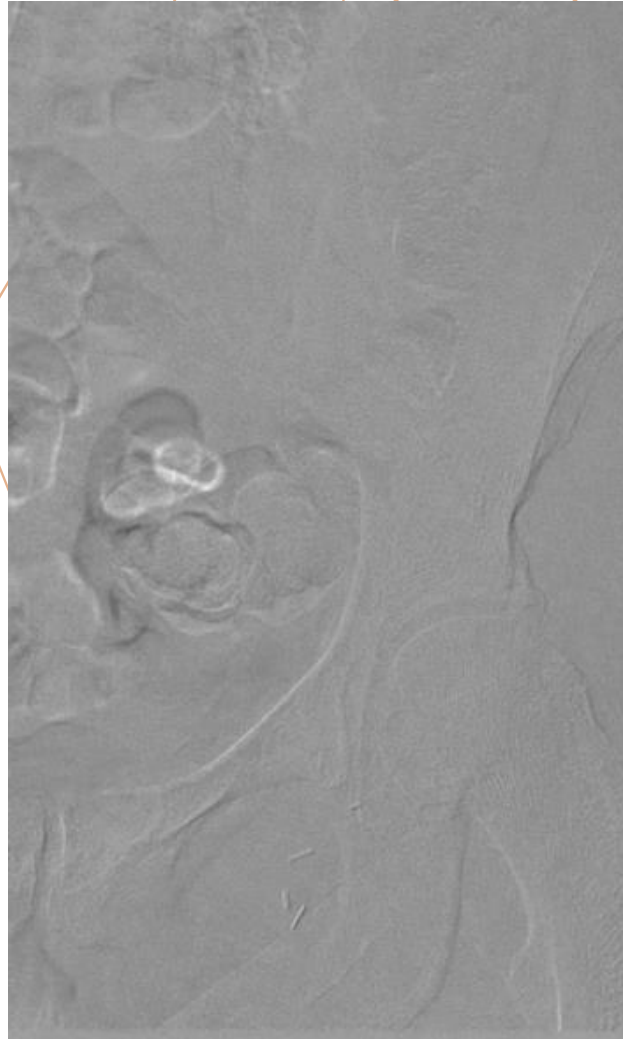
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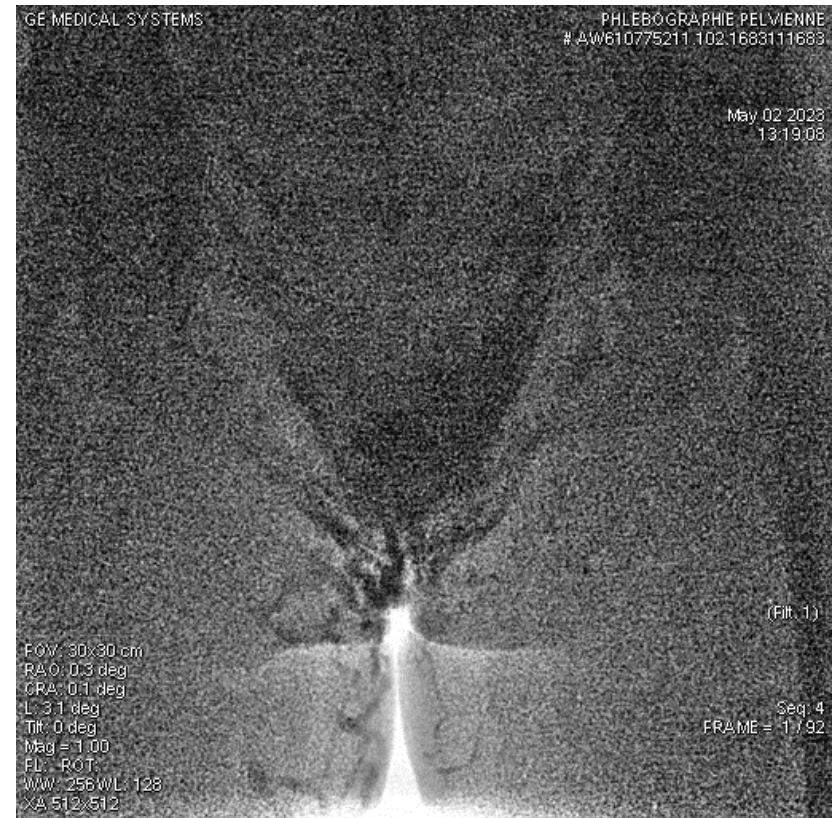
PRISE EN CHARGE EN RADIOLOGIE INTERVENTIONNELLE



POINTS DE FUITE



POINTS DE FUITE



PRISE EN CHARGE EN RADIOLOGIE INTERVENTIONNELLE

Repos 24h-72h puis CI Valsalva 1 semaine (migration matériel?)

Prise en charge à domicile par réseau infirmier spécialisé en RI

Consultation à 6 semaines +/- doppler

+/- traitement endovasculaire points de fuite

Reference	Number of patients	Embolization	Material	Follow-up in months (range)	Clinical outcome
Capasso et al, Cardiovasc Intervent Radiol. 1997. ³	19	Ovarian embolization: 13 unilateral 6 bilateral	Coil and/or sclerosing agent	15.4	Total relief: 58.5%
Maleux et al. J Vasc Interv Radiol. 2000. ⁴	41	Ovarian embolization: 32 unilateral 9 bilateral	Gel foam +/-sclerosing agent	19.9 (1-61)	Total relief: 58.5% Partial relief: 9.7% No relief: 31.8%
Venbrux et al. J Vasc Interv Radiol. 2002. ⁵	56	56 bilateral ovarian 43 bilateral internal iliac	Coils	22.1 (6-38)	Significant/partial relief: 96%; no change: 4%
Pieri et al. Radiol Med (Torino). 2003. ⁶	33	1 right ovarian 11 left ovarian 21 bilateral ovarian	Sclerosing agent	6-12	Significant pain relief: 100%
Chung et al. Tohoku. 2003. ⁷	52	Gonadal vein	Coil	6-12	Total evaluation Significant pain relief
Kim et al. J Vasc Interv Radiol. 2006. ⁸	127	106 bilateral ovarian vein + 95 internal iliac vein 20 unilateral ovarian vein + 13 internal iliac vein	Sclerosing agent and coil	45 (mean) in 97 patients	Overall evaluation Improved: 83% Unchanged: 13% Worsened: 4%
Creton et al. Eur J Vasc Endovasc Surg. 2007. ⁹	24	11 left ovarian + 7 ovarian and internal iliac + 5 unilateral internal iliac + 1 bilateral internal iliac	Coil	36	Overall evaluation Improved: 76%
Kwon et al. Cardiovasc Interv Radiol. 2007. ¹⁰	67	64 left ovarian, 1 right ovarian, 2 bilateral	Coil	44.8	Significant relief: 82% No relief: 15% Worsened: 3%
Gandini et al. Cardiovasc Interv Radiol. 2008. ¹¹	38	Bilateral ovarian	Sclerosing agent	12	Significant relief: 100%
Asciutto et al. Eur J Vasc Endovasc Surg. 2009. ¹²	35	28 left ovarian + 5 iliac vein + 2 ovarian and iliac vein	Coil	45 (mean)	Overall evaluation Improved: 47% Unchanged: 36% Worsened: 17%

Efficacy of endovascular treatment for pelvic congestion syndrome

Osman Mahmoud ¹, Pirkka Vikatmaa ², Pekka Aho ², Karoliina Halmesmäki ², Anders Albäck ², Päivi Rahkola-Soisalo ³, Kimmo Lappalainen ⁴, Maarit Venermo ²
 PMID: 27318059 DOI: 10.1016/j.jvsv.2016.01.002

Abstract

Background: Chronic pelvic pain is not a rare health problem among women. One of the most common causes of chronic pelvic pain is pelvic congestion syndrome (PCS). We have reviewed all medical literature on the endovascular treatment of PCS and hereby provide a brief overview of the anatomy, pathophysiology, and clinical aspects of ovarian and pelvic varices. We describe the technique of transcatheter embolization, the complications thereof and the clinical results of the treatment.

Methods: A literature search was performed using PubMed, Science Direct, Google Scholar, and Scopus to identify case series on the endovascular treatment of PCS up until the end of November 2014.

Results: Twenty studies with a total of 1081 patients were included in the review. There were no randomized trials, and only one study included a control group. The immediate technical success rate in the occlusion of the affected veins was 99%. Seventeen studies reported the 1- to 3-month clinical success of 641 patients. Of these, 88.1% reported moderate to significant relief in the symptoms and 11.9% reported little or no relief. In 17 studies, long-term results were reported, and the follow-up varied between 7.3 months and 5 years. In late follow-up, 86.6% reported relief of the symptoms and 13.6% experienced little or no relief.

Conclusions: The immediate success rate for the endovascular treatment of PCS is good and the complication rate low. Most patients report relief in the symptoms for up to 5 years after the procedure. However, there are no randomized or high-quality controlled trials, and the level of evidence therefore remains at C.

Résultats locaux en accord avec la littérature

RÉSULTATS

Embolotherapy

Edwards et al (1993)	1	Coils	12	None	100
Sichlau et al (1994)	3	Coils	22.8	1 recurrence	67
Cordts et al (1998)	9	Coils, coils and gelatin	13.4	2 recurrences	88.9
Maleux et al (2000)	41	Sclerosing agents	19.9	Glue migration 4%	58.5
Venbrux et al (2002)	56	Sclerosing agents	22.1	3.6% coil migration; 5.4% recurred	65
Scultetus et al (2002)	57	Coils, sclerosing agents, excision	25-288	None	75.4
Pieri et al (2003)	33	Sclerosing agent	6.5	None	61
Kim et al (2006)	127	Sclerosing agent and coils	45	5% recurrence	83
Kwon et al (2007)	67	Coils	48	None	82
Creton et al (2007)	24	Coils and phlebectomy	36	4.2% recurrence, 4.2% coil migration	76
Asciutto et al (2009)	35	Coils	45	None	47
Castenmiller et al (2013)	43	Coils		None	88
Hocquet et al (2013)	33	Coils	26	1 failure to catheterize	61
Laborda et al (2013)	202	Coil	60	3% groin hematoma, 2% coil migration, 0.5% reaction to contrast material	93.8

COMPLICATION

Mineures +++

Hématome point ponction

Douleur pelvienne transitoire

Neuropathie post embo

Majeures

Migration matériel

Embolisation / Thrombose veineuse profonde

COMPLICATION

Pas de modification hormonale

Pas de modification des cycles, de la fertilité

SYNDROME DE CONGESTION PELVIENNE

- Patiente avec long passé douloureux
- Y penser dans bilan **douleurs pelviennes chroniques** négatif
- **Pluridisciplinaire** (angiologue / gynéco)
- **Embolisation** : efficace / peu de complication



Ganeshan A et al : Chronic pelvic pain due to pelvic congestion syndrome: the role of diagnostic and interventional radiology. *Cardiovasc Intervent Radiol*. 2007 Nov-Dec;30(6):1105-11.

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Merci pour votre attention !



Dr Allard



Dr Cotten



Dr Etienne



Dr Jacques



Dr Kasprzak



Dr Legghe



Dr Vanaerde



Dr Waymel

NOUS JOINDRE POUR L'INTERVENTIONNEL:

*(Embolisation SCP, varicocèle, fibrome utérin, prostate, hémorroïde
Angioplastie artérielle...)*



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