AN AUDIT EVALUATING IMAGING, TECHNICAL SUCCESS, AND CLINICAL OUTCOMES FOR PELVIC CONGESTION SYNDROME

Krupali Parikh

MBBS Year 5 Student, St George's University of London

Abstract (Word Count: 282 words - Limit 300)

Statement of the Problem: Pelvic Congestion Syndrome (PCS) is a frequently underdiagnosed cause of chronic pelvic pain affecting up to 39% of women. Diagnosis is often delayed due to non-specific symptoms and variable imaging approaches. Pelvic vein embolisation (PVE) is a recognized minimally invasive treatment with reported high technical efficacy. However, real-world data regarding diagnostic practices, technical success, and short- to long-term clinical outcomes in the UK remain limited.

Methodology & Theoretical Orientation: A retrospective audit was conducted on 52 patients who underwent PVE between March 2013 and December 2024 at St George's Hospital, London. Sixteen parameters were evaluated across diagnostic imaging, veins catheterised/incompetent, immediate technical success, procedural complications, and clinical symptom outcomes at follow-up.

Findings: Ultrasound (US) was the primary diagnostic imaging modality (26/52 suspected), followed by clinical diagnosis without prior imaging (22/52). The left ovarian vein was most frequently catheterised (49/52) and found incompetent (43/52). Multi-modal combination therapy (coils and sclerotherapy) was utilized in most cases. PVE demonstrated an immediate technical success rate of 94% (47/50) with zero immediate complications. At the first follow-up (6–8 weeks), 11 patients reported partial symptom improvement, 2 reported complete resolution, and 3 reported no change. Six patients experienced imaging-confirmed recurrence at new anatomical sites (mean 222 days post-procedure).

Conclusion & Significance: PVE exhibits high immediate procedural success and safety. However, clinical symptom response is variable, and long-term durability is challenged by venous insufficiency progression. These findings emphasize the necessity for standardized PCS diagnostic pathways, realistic patient expectations, and validated outcome scoring tools.

References

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