

Embargoed for Release, Monday, April 4, 2005, 9:00 a.m. CT

Chronic Pelvic Pain in Women Linked to Under-Diagnosed and Under-treated Ovarian and Pelvic Varicose Veins

Long-term Study Shows Nonsurgical Interventional Radiology Treatment Reduces Pelvic Pain

NEW ORLEANS, Louisiana (April 4, 2005) – For the estimated one-third of women who will experience chronic pelvic pain in their lifetime, research presented today at the Society of Interventional Radiology’s 30th Annual Scientific Meeting may provide many with a possible known cause and proven pain treatment. A long-term, large-scale study of 131 women with chronic pelvic pain found that in the majority of the cases, their pain was due to pelvic congestion — the presence of ovarian and pelvic varicose veins. The study also showed a 62 percent reduction in pain by Visual Analog Scales after patients underwent nonsurgical embolization. (Abstract 159)

“Many women are needlessly suffering and often told their pain is all in their head,” commented lead investigator, Interventional Radiologist H.S. “Kevin” Kim, M.D., Johns Hopkins Medical University. He added, “Women need to know that embolization is an effective treatment for reducing pelvic pain — in our study, 85 percent of the women had significant long-term symptom improvement, without significant change in ovarian function.”

About Pelvic Congestion

The causes of chronic pelvic pain are varied, but are often associated with the presence of ovarian and pelvic varicose veins. Pelvic congestion syndrome is similar to varicose veins in the legs. In both cases, the valves in the veins that help return blood to the heart against gravity become weakened and don’t close properly; this allows blood to flow backwards and pool in the vein causing pressure and bulging veins. In the pelvis, varicose veins can cause pain and affect the uterus, ovaries and vulva. Up to 15 percent of women, generally between the ages of 20 and 50, have varicose veins in the pelvis, although not all experience symptoms.

Pelvic congestion syndrome is more common in women who have not been pregnant because ovarian veins increase in size related to previous pregnancies; however, in this study, 63 percent had not had children. Fullness of leg veins, polycystic ovaries and hormonal dysfunction are additional risk factors for developing pelvic congestion syndrome.

Diagnosis of pelvic congestion syndrome is often missed because women lie down for a pelvic exam, relieving pressure from the ovarian veins, so that the veins no longer bulge with blood as they do while a woman is standing.

Symptoms

The chronic pain that is associated with this disease is usually dull and aching. The pain is usually felt in the lower abdomen and lower back. The pain often increases following intercourse, during menstrual periods, when tired or standing (worse at end of day) and throughout pregnancy. Other symptoms include irritable bladder, abnormal menstrual bleeding, vaginal discharge and varicose veins on vulva, buttocks or thigh.

Prevalence

- Women with pelvic congestion syndrome are typically less than 45 years old and in their child-bearing years
- Chronic pelvic pain accounts for 15 percent of outpatient gynecologic visits

Diagnosis and Assessment

Once other abnormalities or inflammation have been ruled out by a thorough pelvic exam, pelvic congestion syndrome can be diagnosed through several minimally invasive methods. An interventional radiologist, a doctor specially trained in performing minimally invasive treatments using imaging for guidance, typically performs a venogram to confirm the presence of pelvic varicose veins. A venogram is performed by injecting contrast dye in the veins of the pelvic organs to make them visible during an X-ray. To help accuracy of diagnosis, interventional radiologists examine patients on an incline, because the veins decrease in size when a woman is lying flat.

About Embolization

Once a diagnosis is made, if the patient is symptomatic, an embolization should be done. Embolization is a minimally invasive procedure performed by interventional radiologists using imaging for guidance. During the outpatient procedure, the interventional radiologist inserts a thin catheter, about the size of a strand of spaghetti, into the femoral vein in the groin and guides it to the affected vein using X-ray guidance. To seal the faulty, enlarged vein and relieve painful pressure, an interventional radiologist inserts tiny coils, often with a sclerosing agent (the same type of material used to treat varicose veins), to close the vein. After treatment, patients can return to normal activities immediately.

About Interventional Radiology

An estimated 5,000 people are attending the Society of Interventional Radiology's 30th Annual Scientific Meeting in New Orleans. Interventional radiologists are board-certified physicians who specialize in minimally invasive, targeted treatments performed using imaging for guidance to treat diseases nonsurgically through the blood vessels or through the skin. By combining diagnostic imaging expertise with advanced procedural skills, interventional radiologists perform minimally invasive treatments that have less risk, less pain, and less recovery time than open surgery. Interventional radiologists pioneered minimally invasive modern medicine with the invention of angioplasty and the catheter-

delivered stent, which were first used to treat peripheral arterial disease. More information can be found at www.SIRweb.org.

Abstracts can be found at www.SIRmeeting.org in the program section and click on scientific sessions.

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