Iliac vein stenting in pelvic congestion syndrome

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Faculty disclosure

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I have no financial relationships to disclose.
Introduction

- Pelvic congestion syndrome (PCS)
  - Underestimated
  - Mainly due to reflux into ovarian veins or branches of the internal iliac veins

- Obstructive lesions
  - Nutcracker syndrome
  - Ilio-caval obstructive disease

=> Stenting
Material and methods

• January 1996 to December 2013
  – 260 patients admitted for treatment of chronic obstructive lesions of iliac veins +/- CFV and IVC
  – All had search for PCS
  – Duplex scan and CTV/MRV in all patients

• Technique: percutaneous stenting with metallic self-expanding stent(s) under LA+sedation
Results

• 83 women with PCS
  – 14 NCS => excluded
  – 69 with Iliac vein lesions without NCS
    • Median age 42 years

• Symptoms
  – Chronic pelvic pain 66
  – Dyspareunia 44
  – Dysmenorrhea 46
  – Lower limbs 59
Lesions and cause

- Lesions:
  - Occlusion: 9
  - Left ovarian vein reflux: 15

Etiology:
- 59: May-Thurner
- 10: postDVT
Results

• Technical success : 100%

• Stents : median N 1 (1-6)
  – Median length of stented vein 60 mm (60-440)
  – Median stent diameter 16 mm

• Associated procedures
  – LOV embolization : 15
LOV embolization + CIV stenting
Bi-ilio-caval recanalization
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Early results

• No complications

• Median length of stay : 1 day (1-4)

• Treatment at discharge
  – LMWH 3 weeks + clopidogrel 1 year : 55
  – Oral anticoagulation 1 year : 14
Late results

• Median follow-up : 32 months (1-150)

• Patency rates : PP 95%, aPP 100% at 5 and 10 Y

• Reinterventions
  – 3 restenosis (M2, M4, M8) => 1 BA, 2 additional stenting
  – 1 reembolization of LOV at 12 months
  – 2 embolizations of right IIV branches at 9Y

=> all were improved
Late results on PCS

• All patients but 5 were significantly improved (31 asymptomatic)
Discussion

• Percutaneous technique

• Iliac vein stenting => Excellent results in term of safety and of patency reported by retrospective studies

• PCS : 92% improved (45% asymptomatic)
Conclusion

• PCS can be due to obstructive ilio-caval lesions
  – Can cause failure of treatment by embolization if not diagnosed

• Stenting is an effective and durable way to treat these patients