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Impact of pelvic venous insufficiency and the nutcracker syndrome

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Aim is to study the impact of pelvic venous disease and the nutcracker syndrome by non-invasive diagnostics method. Initially, non-invasive diagnostic methods such as abdominal Doppler ultrasonography, transvaginal ultrasonography and inferior vena cava and iliac veins Doppler ultrasonography should be attempted. Abdominal Doppler ultrasonography aims to investigate the left renal vein compression and presence of dilation and reflux in the gonadal veins, in addition to rule out other gynecological, intestinal or urologic pathologies. Transvaginal ultrasonography aims at the pelvic varices diagnosis by identifying them according to a caliber greater than 4 mm (some authors consider a gauge above 7 mm) and reflux to the valsalva maneuver, in addition to ruling out gynecological pathologies. The treatment will depend on the pathology in question. In the case of venous compressions, the angioplasty with stent placement is nowadays the most commonly used. The sandwich technique is used with the placement of intercalated springs with dense foam. In this case of peri-vulvar varices with connection to the thigh varicose veins, in addition to the embolization of the gonadal veins, the varices excision can be performed and associated with the sclerotherapy with dense foam, which brings a good postoperative result. Among the most serious complications are the venous stent thrombosis, springs migration, migration of dense foam into the pulmonary veins causing discomfort and signs of pulmonary embolism and the possibility of glue migration when it is used. As a minor complication the pain after the procedure is mentioned, however it is usually solved with analgesia and use of oral anti-inflammatories or even antispasmodics. The angioplasty results, for the compression syndromes, show symptoms remission of about 90%. The patient must be monitored afterwards and, whenever possible, the use of antiplatelet drugs or even anticoagulants, for at least 6 months, should occur in order to await neo-endothelialization and prevent early thrombosis of the treated vein. Related to gonadal veins embolization and pelvic varices, the result is satisfactory among 80% to 90% of the cases, with a need for re-intervention in about 10%. Some studies show satisfactory results in up to 100% of the cases. Potent analgesics medication must be given due to the significant pain in the immediate postoperative period as well as oral anti-inflammatories.

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