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EMBOLIZATION OF PELVIC VARICES

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Luis Cesar Lopes da Silva Universidade do Grande Rio Rio de Janeiro, RJ **Keywords:** Embolization of pelvic varicose veins; Syndromefrom pelvic congestion; Endovascular treatment in pelvic varicose veins

INTRODUCTION

Pelvic varicose veins, associated with pelvic pain, dyspareunia chronic and genitourinary symptoms, constitute the pathological condition of Pelvic Congestion Syndrome (PCS), which mainly affects women of reproductive age and multiparous women. PCS is an underdiagnosed condition and is generally a finding of exclusion, impacting their quality of life. For therapeutic purposes, embolization of pelvic varicose veins is a minimally invasive method, demonstrating satisfactory results clinically and anatomically. With this in mind, the endovascular procedure is of great medical relevance as it is effective and reduces morbidity during and after surgery. Objectives: Expand knowledge about the pathology, especially endovascular treatment. Methodology: In this review, the following databases were used: SciELO and PUBMED. For preparation, 5 articles from the last 10 were used.

Years in Spanish and Portuguese, excluding articles that did not fit the theme and those published more than 7 years ago.

LITERATURE REVIEW

Endovascular treatment of PCS consists of a simple and non-invasive method, with excellent results and rare complications. Indicate-

This procedure is recommended for very symptomatic patients, in association with chronic venous insufficiency of the lower limbs, and/or pelvic varicose veins larger than seven or eight millimeters. Embolization involves a number of embolic agent options, such as sclerosing liquids and foams, as well as free-release coils. It is worth noting that the

techniques can be used alone or together. The procedure is percutaneous, mainly involving femoral or jugular venous access. From there, an injection and/or implantation of embolizing agents can be introduced. Furthermore, there may be pain at the puncture site and pelvic pain for a few weeks after the procedure. Although uncommon, the patient must be advised regarding the possibility of pulmonary embolism with coil migration. To avoid this complication, the coils must have a minimum diameter of 30% to 50% larger in relation to the iliac vein internal.

CONCLUSION

It is understood, therefore, that PCS is a pathologyunderdiagnosed that generates great morbidity for the affected patient. Thus, this review aims to record the clinical importance of embolization, demonstrating the immediate success of the procedure and its low incidence of complications and recurrences.

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