

AB020. Perioperative complications during laparoscopic hysterectomy, following ovarian vein embolization for pelvic congestion syndrome: a case report

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Background: Pelvic Congestion Syndrome is an uncommon poorly understood and frequently misdiagnosed disorder of the pelvic venous circulation which causes Chronic Pelvic pain in women of premenopausal age. Ovarian vein embolization is the least invasive management option. Complete or partial symptom improvement has been reported in 68.2%, However, it is also clear that 32% of Patients do not feel any substantial relief.

Methods: Data obtained from referral letters and theatre notes.

Results: A 39-year-old woman was referred. History showed she's P2+0 and had previously 2 cesareans. For 3 years she had localized throbbing pain lower abdomen with severe dyspareunia and limited daily activity and mobility. Imaging showed bilateral ovarian varices, left sided larger than right. She had Ovarian vein Embolization done with metal coils twice in 2016 and in 2017. Laparoscopic total hysterectomy with conservation of ovaries was planned. Difficulty with left Ovarian pedicle was noted perioperatively due to metal coils, took longer than usual time to do the procedure. Part of the coil has to be removed in order for blades of the bipolar instrument to grasp the left ovarian pedicle. Pedicle looked more with raw and friable possibly due to ovarian vein erosion due to metal coils.

Conclusions: Satisfactory and convincing evidence for clinical efficacy of ovarian vein embolization for chronic pelvic pain still remains deficient. Women need to be informed about the operative risks associated with metal coils if they need any future surgical interventions.

Keywords: Pelvic; congestion; embolization; hysterectomy; complications

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