

Future perspective on treatment of pelvic venous disease

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ABSTRACT

Pelvic venous disease (PeVD) as a terminology incorporates many different pathologies in pelvis in both men and women. There are still many question marks in this area that need to be answered. In this article, we attempt to highlight the areas of where we should focus on for future research topics.

Keywords: Diagnosis and treatment of pelvic venous disease, future perspective, pelvic venous disease.

The definition of pelvic venous diseases (PeVD) encompasses all chronic pathologies of pelvic veins caused by venous hypertension and retrograde flow in pelvic veins. Pelvic venous diseases are a cause of unexplained and often underdiagnosed chronic pelvic pain in women of productive age.^[1] Due to the lack of high-quality scientific background and evidence, there are many gray zones that need to be investigated.

Due to the lack of validated clinical and imaging criteria for PeVD diagnosis and lack of well-designed randomized-controlled trials, treatment strategies for PeVD have not been widely accepted. Populations and a validated and consistently used set of outcome measures. Since the symptoms scale of PeVD is very wide and challenging, it is difficult to study. Therefore, a clear definition based on clear-cut criteria and validated in a range of populations and settings must be developed and should be universally accepted. Such precise criteria would also help for differential diagnosis and treatment.^[2]

A recent Symptoms-Varices-Pathophysiology (SVP) classification as a discriminative instrument to categorize several forms of PeVD is helpful for clinical care and communication, as well as to develop homogeneous patient populations in clinical trials. With the increasing use of this classification, it would be easier to distinguish different patient categories and put the same sort of patient cohorts together for scientific analysis.^[3]

One of the major missing points related to PeVD is the lack of well-accepted and validated patient reported outcomes (PROs). As the main effect of PeVD is on a patient's quality of life (QoL), development of PRO tools would serve as the main primary outcome measurements for studies evaluating the effects of different treatment modalities. The PROs are sensitive to small changes within subjects which reflects changes in health status. Many different PROs should be needed for each clinical presentation of PeVD. Therefore, one should focus on to produce new

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PRO tools for PeVD which would help a lot in the scientific pathway.^[2]

Chronic pelvic pain (CPP) is non-cyclical pain in lower abdomen and pelvis that lasts longer than six months.^[1] While studying CPP, one must pay attention to the differential diagnosis and management of overlapping comorbidities that are common in women with CPP. At the same time, while performing a study to have generalizable outcomes for CPP patients, it is not approved to limit the population to patients where other comorbid conditions are eliminated. However, if management for other comorbidities included as part of the treatment for all patients, the total benefit of treatment modalities for PeVD would be more important.

Furthermore, PeVD in men is another important issue which is even more underestimated than female correspondence. Gonadal vein reflux in men leads to varicoceles, and well-defined diagnostic criteria and evidence-based management guidelines are already existing. Discussion regarding left renal vein and iliac vein obstruction in women is relevant to men with recognition that the variation in anatomy of the gonadal veins results in sex differences in how compensated left renal vein obstruction clinically presents. Chronic pelvic pain is an important problem in men as well, and has a different differential diagnosis. Although the limited literature figures out this problem, PeVD can cause CPP in men. Case reports have shown iliac obstruction as a cause of male CPP and varicocele, as well as pelvic-origin lower-extremity varicose veins in men caused by iliac vein reflux, although there is no convincing literature describing CPP or lower-limb varicose veins caused by testicular vein reflux.^[2]

In conclusion, most critical and important research topics for future correspondence can be summarized as follows:

1. Explicit diagnostic and clinical criteria for PeVD
2. Development of globally accepted and validated QoL and PRO tools to measure the health burden and treatment outcomes in men and women affected by PeVD
3. Wider use of SVP classification
4. Gaining a better understanding on male counterpart of PeVD.

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