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Multifocal varicose: a new treatment strategy

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Background: The aim of the study was to assess new options and experience in the treatment for multifocal varicose (MV).

Methods: 253 patients - females with MV were examined in the "DCC & CVS" from December 2015 to December 2021. By ultrasound and phlebography (X-ray contrast, MRI, MSCT) methods in 149 (59%) patients, pelvic venous disease (PVD) was diagnosed in combination with vulvar varicosis, without spreading to legs. The mean age of 253 patients was 36.5 ± 1.4 yrs (24 – 59 yrs). All patients were preexamined by a gynecologist and tested by a neurologist for pain and asthenia. In 158 cases (62.5%), pain intensity exceeded 4 points. The severity of asthenia according to Spielberger`s scale in 103 (40%) of 253 patients was above average value. In 104 (41%) out of 253 patients, both varicose vein disease of legs and PVD were observed. According to ultrasound data, in 76 out of 104 cases, the consequence of varicose vein disease of legs (Class C2 by CEAP) was PVD; 28 of 104 patients (Classes C2-C3) had stem lesions of great (GSV) and small saphenous (SSV) veins with pathological reflux in Valsalva test unrelated to PVD .

Results: The first stage was to perform embolization of ovarian veins in all 253 patients and clinical results were good. After one month, in accordance with plan, in 104 patients were performed stab - phlebectomy (76 patients), endovenous laser ablation of GSV (11 pts), endovenous laser ablation of SSV (4 pts), classic open phlebectomy (9 pts), and radiofrequency ablation of GSV (4 pts). All operated patients had good clinical and cosmetic results. A second testing by a neurologist revealed a regression of pelvic pain to 1-2 points according to VAS and a decrease of anxiety level.

Conclusion: The new treatment strategy for MV in the presence of 2 (PVD + varicose veins of the lower extremities) and 3 (PVD+ vulvar varicose + varicose veins of the lower extremities) affected areas can be characterized by: subtype A – varicose veins of the lower extremities as a consequence of PVD, and subtype B – varicose veins of the lower extremities unrelated to PVD. Being aware of these options is important in determining both the strategy and the stages in treatment for MV.

Keywords: pelvic venous disease, varicose, thrombosis, multofocal varicose