Pelvic varices and dilated left ovarian vein- incidental finding
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Section: Genital (female) imaging
Case Type: Clinical Cases
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Patient: 70 years, female

Clinical History:

CT performed for investigation of diarrhoea in a 70 year old lady demonstrated a dilated left ovarian vein and pelvic varices but no other significant findings to explain the patient’s presenting complaint.

Imaging Findings:

This 70 year old lady presented with a history of diarrhoea over several months. Clinical examination had been unremarkable. Subsequent contrast enhanced CT abdomen and pelvis (portal venous phase) did not identify a cause for the patient's diarrhoea. However, the left ovarian vein was noted to be significantly dilated and tortuous and there was a cluster of tortuous dilated vessels around the pelvic viscera. There were no other significant imaging findings. The patient denied any pelvic pain.
Discussion:

Pelvic varices and dilated ovarian veins have been reported in association with Pelvic Congestion Syndrome. The latter is the term given to the chronic dull pelvic pain thought to be due to the vascular congestion that occurs from retrograde flow in an incompetent ovarian vein. This entity is similar to the vascular congestion of varicoceles in men. The left ovarian vein is preferentially affected and factors causing or contributing to the congestion include pregnancy (increased blood flow causing venous incompetence), compression of the left renal vein by the superior mesenteric artery (the nutcracker phenomenon), retroaortic left renal vein, portal hypertension and previous pelvic surgery. Patients with Pelvic Congestion Syndrome may also have varicose veins at the vulva, buttocks or leg. Cystic ovaries are an associated finding in 50%.

Pelvic Congestion Syndrome typically presents following pregnancy and can be a debilitating and underdiagnosed cause of chronic pelvic pain. Treatment options for symptomatic women include embolisation of the dilated ovarian vein and this may achieve symptomatic relief in up to 75% of cases.

However, the patient described above denied any pelvic symptoms. Indeed a review of the literature reveals that ovarian vein dilatation and pelvic varices are not uncommon in asymptomatic multiparous women. Incompetent and dilated ovarian veins are reported to be present in almost half of asymptomatic women. Ovarian varices are thought to occur in approximately 10% of the female population, and of these, 40% appear to be asymptomatic.

This case reminds us to consider Pelvic Congestion Syndrome in our list of differential diagnoses when imaging a woman with chronic pelvic pain. However, perhaps more importantly we should take note that ovarian varices or a dilated ovarian vein as an isolated finding, may be incidental and of low diagnostic value.

**Differential Diagnosis List:** Dilated left ovarian vein and pelvic varices

**Final Diagnosis:** Dilated left ovarian vein and pelvic varices

**References:**


Figure 1

Description: Dilated left ovarian vein. Origin:
Description: Dilated left ovarian vein and pelvic varices

Origin:
Figure 3

Description: Dilated tortuous left ovarian vein Origin: