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VISION

THE INTERNATIONAL PELVIC PAIN SOCIETY

Professionals engaged in pain management for women.

Pelvic Congestion *by Philip Reginald, M.D.*

Pelvic congestion is becoming increasingly recognised as a cause of chronic pelvic pain. It is associated with pelvic varicosities which are often present in women with unexplained pelvic pain. The unique characteristics of the pelvic veins makes them vulnerable to chronic dilatation with stasis leading to vascular congestion. These veins are thin walled, unsupported, with relatively weak attachments between the supporting connective tissue.

The cause of pelvic vein dilatation is uncertain. Hormonal factors contribute to vasodilatation and pelvic veins are exposed to high concentration of hormones produced by the ovaries. Oestradiol inhibits reflex vasoconstriction of vessels, induces uterine enlargement with selective dilatation of ovarian and uterine veins. In a controlled study, women with pelvic congestion were noted to have ultrasound evidence of a larger uterus and thicker endometrium.[1] Intravenous injection of a selective venoconstrictor, Dihydroergotamine to women with pelvic congestion and pain showed a 30% reduction in the diameter of pelvic veins followed by a visible decrease in pelvic blood flow leading to reduction in pelvic congestion and significant improvement in pain.[2]

In addition 56% of women with pelvic congestion had cystic changes in their ovaries and menstrual disorders were frequently reported among them. Pelvic congestion occurs in the reproductive age group and suppression of ovarian activity resulted in reduction of pelvic congestion and pain.[3] Bilateral oophorectomy leads to the disappearance of pain providing evidence that ovarian dysfunction is responsible for the development of pelvic congestion.[4] The exact aetiology of ovarian dysfunction remains speculative but emotional disturbance and stress have been implicated.

Women with pelvic congestion complain of a dull ache aggravated by standing and other physical activity. Associated symptoms include vaginal discharge, backache and urinary frequency. Menstrual cycle defects are common (54%) and congestive dysmenorrhoea is present in 66%. Women with pelvic congestion also complain of deep dysparuenia (71%) and post coital ache (65%). Majority of women give a history of emotional disturbance originating in their childhood.[5]

Physical signs include tenderness on cervical excitation and ovarian tenderness on bimanual palpation.

Investigations

Pelvic Venography

Transuterine injection of water soluble radio-opaque contrast outlines the pelvic veins. The ovarian vein diameter, congestion of ovarian plexus and the time taken for the disappearance of the contrast medium are considered to score the venogram. A score of 6 is diagnostic of pelvic congestion. Pelvic venography is undertaken only in specialised referral centres.

Ultrasound

Ultrasound examination is a relatively non-invasive technique and recent studies have indicated its role in the diagnosis of pelvic congestion.[6]

Laparoscopy

With experience, pelvic congestion may be diagnosed at the time of laparoscopy by limiting the head-down tilt and the amount of carbon dioxide used for the peritoneal insufflation. These measures would help to adequately visualise the pelvic veins without compromising their dilated status.

Treatment of Pelvic Venous Congestion

Reginald performed a pilot study in which suppression of ovarian function with medroxyprogestone acetate at a dose of 30 mg. daily for 6 months resulted in the reduction of oestrogen in women with pelvic pain due to venous congestion.[7] A double blind randomised controlled trial of treatment with medroxyprogesterone acetate and/or psychotherapy showed a statistically significant benefit in terms of reduction of pain after 4 months of treatment. It also showed that the efficacy of MPA increases over the treatment period indicating that treatment should not be abandoned if found to be ineffective in the early stages. Six months after stopping treatment, the beneficial effects of treatment with MPA were still present, but were no longer greater than the effects of placebo.[8]

The President's Perspective

James E. Carter, M.D. • President

I am honored to report that the International Pelvic Pain Society has successfully conducted its first truly international meeting in London England on May 13, 2000, held at the venue of the historic Royal Society of Medicine. This meeting was well attended, exciting and informative. Hosted by our British membership, the presentations covered topics of great interest including physical therapy, neuroscience, gynecology, general surgery and psychology of pain. The presentations were outstanding in their scientific nature and very well received by the participants. A special thanks to our conference organizer. The contingent from England with R. William Stones, M.D., Richard Beard, M.D., Phillip Reginald, M.D., Beverly Collette, M.D., together with Geoffrey Burnstock, FRS, provided fascinating insights into the problem of chronic pelvic pain. We are grateful to them not only for the education they provided, but also for their wonderful hosting of this conference. Our special thanks also to Victoria Grace, Ph.D., Carole Gilling-Smith, Ahmed Shafik, M.D., Ph.D., John Slocumb, M.D., C. Paul Perry, M.D., Fred Howard, M.D. and Rhonda Kotarinos, MS, PT for their wonderful contributions to this meeting. A very special thanks to Amanda Smith who, together with Dr. Stones, provided an entertaining and educational workshop on medical consultations and psychotherapy, which crystallized the trials and tribulations of the sufferers from chronic pelvic pain and their healthcare givers.

Our next meeting is planned in association with the American Pain Society at: The Hyatt Regency Phoenix at Civic Plaza • 122 North Second Street • Phoenix, AZ 85004-2379 • Tel: 602-440-3116, on April 18th, 2001.

Please mark your calendars now for this very exciting event. Plans are also underway for the following year's meeting as well. A venue such as the city of Chicago is being entertained and plans are underway for that meeting.

One of the missions of the International Pelvic Pain Society has been to provide for the education of all of us as therapists for patients with chronic pelvic pain. We are accomplishing this through the website hosted by the Society under the direction of our Chairman, C. Paul Perry, M.D., with the wonderful assistance of Linda Harman. To them we are very grateful for their continued dedication of the upkeep of this website. Without the help of our industrial support membership, this website would not be possible and we are grateful to our sponsors for their assistance.

The International Pelvic Pain Society also accomplishes this objective through its annual meeting and the meeting has grown in both depth of presentations and breadth of involvement, as well as attendance, which has been very exciting to see over the years. For this our thanks to Fred Howard. M.D., our General Program Chairman, under whose guidance these meetings have flourished.

A third mechanism for education through the Society has been the efforts of the members and officers of the Society to publish both articles and textbooks in this area. There are now two books on pelvic pain, which have been published through the efforts of members of our Society. The first to be published "Chronic Pelvic Pain: An Integrated Approach" through Saunders' Publications brought out through the efforts of John F. Steege, M.D., Debra A. Metzger, Ph.D., M.D. and Barbara S. Levy, M.D. provides a very wonderful text on many areas of pelvic pain, including sexual and physical abuse, laparoscopy and diagnosis, basic philosophy of the integrated approach: overcoming the mind-body split, as well as excellent information on procedures such as uterine suspension and general surgical aspects of pain. I strongly recommend this book to all of us practicing in the area of pelvic pain.

A new publication has just arrived through Lippincott, Williams and Wilkins with the senior editor our past president, Fred M. Howard, M.D., with associate authors of C. Paul Perry, M.D., James E. Carter, M.D., Ph.D., and Ahmed M. El-Minawi, M.D. The name of the textbook is "Chronic Pelvic Pain: Diagnosis and Management." This 529 page text is divided into three major sections. In the first section, the chapters present information basic to the care of women with pelvic pain, covering the scope of the problem, the essentials of history and physical and examination, and overview of diagnostic, laboratory and imaging tests and the role of endoscopic evaluations. The second section, encompassing the bulk of the book, uses an organ system approach to present chapters on diagnosis and treatment of disorders of the reproductive, gastrointestinal, urinary and musculoskeletal systems. Also in this section are chapters on a number of systemic, psychiatric and metabolic disorders that may cause or contribute to pelvic pain. The final section includes chapters covering general topics pertinent specifically to chronic pain, including one which regards chronic pain as a diagnosis. Although edited by obstetrician/gynecologists, this book addresses the issue of diagnosis and treatment of women with pelvic pain in a mult-disciplinary fashion.

Another textbook recommended is, "Chronic Pelvic Pain An Integrated Approach." Having referred to the Steege, Metzger, Levy text frequently, and having participated in the development and writing of the Howard, Perry, Carter, El-Minawi text, I can strongly recommend both of these to all of our members.

In the waning days of my presidency of the International Pelvic Pain Society, I would like to thank the officers and the members of the Society for their support. I would especially like to thank C. Paul Perry and Linda Harman for their wonderful support of the Society and also to provide a special thanks to Dr. John Slocumb and Dr. Fred Howard for their wonderful continued support and the incredible dedication they have shown in the work of the Society through their participation as officers.

Sincerely yours,

James E. Carter, M.D., Ph.D., F.A.C.O.G.
President, International Pelvic Pain Society

Helpful Resources Available to Our Members:

Pelvic Pain Assessment Form

The Research Committee, headed by Deborah Metzger, M.D., Ph.D., along with the Board of Directors of The International Pelvic Pain Society are proud to present the Pelvic Pain Assessment Form for use in the medical community.

This form has been developed by clinicians who treat chronic pelvic pain on a daily basis, and is the culmination of two year's effort. We hope that you find it useful.

The Pelvic Pain Assessment Form is designed to be printed front and back to yield a total of 10 pages to 5 sheets, for your convenience. It is a diagnostic tool to help you do your initial history and physical exam. It is our desire that this form become a standard in your intake procedures. You can download the pelvic pain assessment form at our website: *www.pelvicpain.org*.

We solicit your constructive comments. It is only by open communication from you who uses this form consistently that we will improve it. Please email your comments to us at *pelvicpain@aol.com*.

On-Line Patient Newsletter

On the IPPS website, a new feature is the on-line patient pelvic pain newsletter. This newsletter is designed for patients who subscribe at www.pelvicpain.org. The newsletter will focus on topics relating to pelvic pain and uterine problems. So many patients have written this past year asking questions about pelvic pain, painful intercourse, and uterine problems, that we recognize a desperate need for reliable source of helpful information. We decided a newsletter would be a good way to answer your questions and to keep patients updated on the latest developments. This newsletter is published every other month as a joint effort between Inlet Medical Inc. (*www.inletmedical.org*) and the International Pelvic Pain Society (*www.pelvicpain.org*). Please encourage your patients to subscribe.

IPPS Calendar
April 18th, 2001
Hyatt Regency Phoenix at Civic Plaza
Phoenix, Arizona
Details coming soon!

More of your patients suffer from dyspareunia than you may think

Dyspareunia is a relatively common problem, with an incidence estimated at 10% of women. It is also an undertreated condition. Fear and embarrassment prevent some women from seeking help. Physician reluctance to discuss the subject may be another contributing factor.

Patient education is one way of reaching out to this patient population and to identify women who are suffering from dyspareunia.

Inlet Medical has developed a patient identification and education materials designed to encourage women to talk to their physician about pain during intercourse.

The "When Making Love Hurts" patient identification and education package includes:

- **Patient brochure** - Explains the scope and nature of dyspareunia. Prepares women for the diagnosis and treatment process. Packaged in a holder with 25 brochures for lobby or waiting area.
- **Poster** - Reminds women to talk to their physician about their problems. Tasteful, color graphic suitable for display in your lobby or exam room.
- **Patient education video** - Excerpt from the "Today's Health" television news program. Explains the UPLIFT procedure in easy to understand terms.
- **Dyspareunia worksheet** - Helps physicians with patient identification. Includes space for patient comments, exam notes and the treatment plan.

If you are interested in receiving the "When Making Love Hurts" patient identification and education materials please call us at 800-969-0269 or order through our web site at *www.inletmedical.com/html/retroverted_uterus.htm*.

Pelvic Congestion Bibliography

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Please share with a friend or colleague!

Register on our web site at http://www.pelvicpain.org

Join us:

Please join us in educating ourselves on how best to treat chronic pelvic pain. With your help, we can provide relief and a more normal lifestyle for our patients.

Call for membership information at 1-800-624-9676.

THE INTERNATIONAL PELVIC PAIN SOCIETY

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