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*Case Report*

# Left Adnexal Varicocele - A Case Report

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## ABSTRACT

Pelvic Varicose veins in Women with pelvic pain are noted in10% of the cases and may be associated with Lower limb venous insufficiency. Doppler ultrasound must be included in the evaluation when pelvic varicose veins are discovered. Chronic pelvic pain is a frequent disorder in women and considerably disrupts daily activities. Chronic pelvic pain is generally unilateral."Emboliation or Ligation of the ovarian vein shows good results in ovarian varicocele. Here, we are reporting a case of Left Adnexal varicose veins.

***KEY WORDS:*** Varicocele, Adnexa, Pelvic pain, Transvaginal ultrasound, Venous insufficiency.

## INTRODUCTION

A Varicocele in women is the "dilatation of the broad ligament and ovarian plexus veins and the presence of incompetent ovarian vein." The varicocele can form around the ovary and spreads into the pelvis area. Etiology is still not clear. Possible hormonal factors like estrogen (vasodilator) can contribute to this. Patients can be asymptomatic, have pelvic pain, dyspareunia, urinary urgency and dysmenorrhoea.[(1)] Transvaginal ultrasound is the modality of choice to diagnose this. [(1,2)]

## CASE REPORT

67 year old female presented with urinary urgency past 15 days and slight discomfort in left adnexa past 3 months. She is taking treatment for vaginal candidacies past 2 years. No h/o Diabetes/Hypertension. Had two normal deliveries. Transabdominal ultrasound revealed mild cystitis with significant post void residue. Transvaginal ultrasound was done to look for any pathology in left adnexa in particular. Anteverted, Atrophic postmenopausal uterus with endometrial thickness within normal limits. Right adnexa appeared normal. Left adnexa revealed dilated, anechoic, serpigenous, sausage shaped, tubular structure measuring 8mm in diameter. color Doppler showed vascularity in sausage shaped structure consistent with varicocele. There was no associated lower limb venous insufficiency.

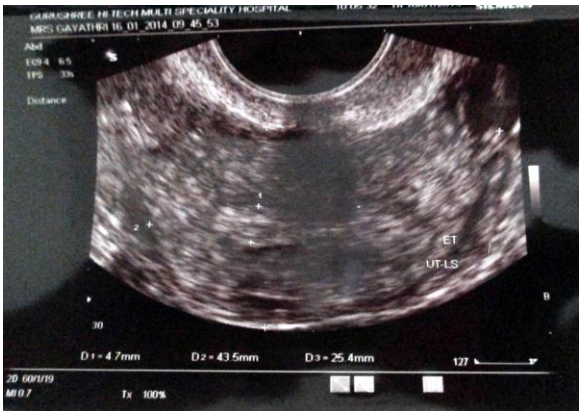

Fig-1: TVS- LS, anteverted, atrophic, post menopausal uterus with endometrial thickness within normal limits (4mm).

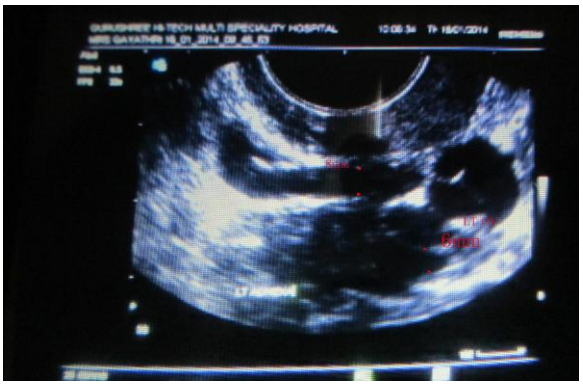
Fig-2: TVS-LS dilated, tubular, saccular, hypoechoic lesion measuring 6-8mm.

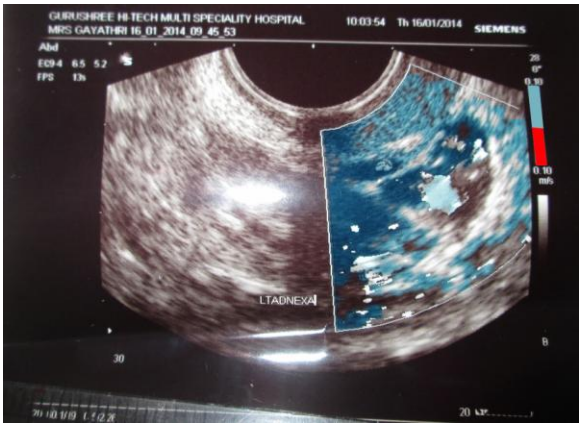

Fig-3: TVS-TS color flow through hypoechoic lesion consistent with adnexal varicocele.

## DISCUSSION

Pelvic varices typically appear as parauterine or paraovarian dilated and tortuous vascular segments, and anechoic structures that are > 5mm in diameter. [2-5] Pelvic varicose veins may be associated with vulvar, perineal and lower extremity venous insufficiency.[2] Dilated vein can push further into the pelvis and put pressure on the bladder, this is why there may be urinary urgency. This will irritate bladder as well as the bowel. [3,4]

Transvaginal ultrasound is a non-invasive, inexpansive and a easy procedure. [5] TVS has been widely accepted and most commonly used tool for diagnosing pelvic varicose veins. [5,6] CT and MRI may be suggested further to demonstrate reflux in the left ovarian vein. It is not accurate to diagnose every case that shows reflux to the ovarian vein in CT and MRI as varicose veins, because studies have shown that reflux is found in 40-60% of asymptomatic women. [7]

Embolization or Ligation of the ovarian vein shows good results in ovarian varicocele. In addition to ligation of the uterine veins, which are in relation to the ovarian vein, varicectomy to vulvar and leg varices yields good outcomes. Statistics show a common association with lower limb insufficiency with pelvic varicocele. If there is lower limb insufficiency, it should be treated. [1-3]

## CONCLUSION

Pelvic varicose veins are a rare cause of chronic pelvic pain.

TVS is the imaging modality of choice to diagnose pelvic varicose veins. Vulvar, perineal varicose veins and lower limb venous insufficiency to be ruled out once the diagnosis of pelvic varicose veins is made.

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