

IMAGE

Left Ovarian Vein Varix Phlebectomy at Open Surgery

A 51 year old female who presented with symptomatic nutcracker syndrome (NCS, presenting as left flank pain, a large left kidney, and haematuria) and pelvic congestion syndrome (PCS, presenting as left sided deep pelvic pain) underwent left renal vein (LRV) transposition via a rooftop abdominal incision under general anaesthesia. She had left ovarian vein (LOV) varices in the distal portion (A), the likely cause of her PCS symptoms. Given that the entire LOV could be accessed via laparotomy, the varicosities were not embolised but quite conveniently physically excised where macroscopically noted to be varicose (B) and also proximal to the confluence with the LRV (with not enough length available for a gonadal vein transposition), and the LRV was successfully transposed about 3–5 cm distally. This approach represents a rare but convenient method of dealing with LOV varices in the current endovascular era, where embolisation is the norm. Her PCS symptoms resolved after the operation.

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