Abstract

OBJECTIVE: To remind the existence of pelvic venous congestion syndrome as a diagnostic possibility in women with chronic or relapsing abdominal pain that simulates repetitive renal colic, in which common diagnostic tests do not show any positive finding.

METHODS: We present the case of a 36-year-old woman with a picture of unilateral relapsing abdominal pain that, after many visits to the emergency room is sent for study with the diagnosis of renal colic. Ultrasound, intravenous urogram and ureteroscopy did not demonstrate any pathological finding.

RESULTS: Contrast enhanced CT scan demonstrated the severe dilatation of the gonadal venous system as unique finding. She was diagnosed of pelvic venous congestion syndrome and sent to the Gynecology Department for specific treatment.

CONCLUSIONS: The pelvic venous congestion syndrome is a clinical entity to keep in mind in patients with chronic or relapsing abdominal pain in whom we do not find evidence of urinary lithiasic disease. Generally, patients present an anxiety or depression state that is secondary to the problems caused by chronic pain and the absence of diagnosis, despite of the many diagnostic tests performed. Reaching a diagnosis that allows adequate treatment will also solve this picture. Contrast enhanced CT scan must be the first step for diagnosis, leaving venography for special situations.

Keywords
Renal colic, Abdominal pain, Chronic pelvic pain, Pelvic venous congestion.