Dear Alice,

Is pelvic congestion a real and serious problem or just an easy answer for doctors who can't find another answer?

Answer

Dear Reader,

Pelvic congestion syndrome (PCS) occurs when the pelvic veins become dilated and the valve that stops blood from flowing backwards, stops working. This process causes blood to pool and creates enlarged, bulging veins, similar to varicose veins in the leg. And although there is still some doubt amongst medical professionals — it is indeed a condition! In fact, pelvic congestion is the cause of 13 to 40 percent of chronic pain in individuals with a uterus. Much of the confusion around the condition is because generally speaking, diagnoses are made after ruling out other conditions (more on that later). To better understand PCS and why some question its validity, read on!

Although, there’s no definitive criteria for diagnosing PCS, it’s often characterized by chronic, non-cyclic pelvic discomfort and pain lasting longer than six months. Pain associated with the syndrome can vary in severity, but generally it worsens before menstruation, when standing for long periods of time, or while engaging in activities that increase abdominal pressure. The pain can also occur when you’re changing posture or after intercourse, making sexual activity problematic, unpleasant, or impossible. Other symptoms of this syndrome often include:

- Achiness
- Pelvic heaviness
- Pressure
- Urinal urgency or an urge to urinate that occurs suddenly and intensely

It’s good to keep in mind that not all pelvic congestion results from a health concern. For example, when people with vulvas (PWV) become sexually aroused, they experience some degree of pelvic congestion caused by an increase of blood flow to the vagina and vulva. This normal and temporary type of congestion, is usually relieved by an orgasm [2]. If a woman does
not orgasm, the congestion slowly subsides and could become a problem if the discomfort and pain is chronic or long lasting.

Explanations for PCS vary and research is still ongoing. It can be caused by pre-existing reproductive conditions, sexually transmitted infections, gastroenterological conditions, urinary conditions, or psychiatric conditions. The origin of pelvic pain is not very well understood because it's not well researched, has many causes, includes a variety of symptoms, and has no singular treatment. Additionally, PCS is often misused as a universal explanation for unexplained pelvic symptoms when, in fact, other gynecological concerns could possibly be the true cause of discomfort or pain. Therefore, pelvic congestion is usually only considered after all other serious conditions are ruled out.

Diagnosing pelvic congestion by means of exclusion can be frustrating. It's recommended that people get a second opinion after a thorough evaluation from a gynecologist or a health care provider. If pelvic congestion appears to be the most likely explanation for chronic pelvic discomfort or pain, the most basic treatment consists of taking hot baths and consuming over-the-counter naproxen sodium or ibuprofen to alleviate symptoms. If pelvic congestion symptoms are still problematic, other treatment options can be explored with a health care provider or gynecologist. So, while there's still much more research needed to create a clear picture of PCS, there is hope for relief!

Alice!
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