

# SYNDROME COMPLICATING PREGNANCY



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## **Background**

Vulval varicosities complicate 8% of the pregnancies. Nutcracker syndrome is an extremely rare condition contributing to vulval varicosities. This condition is diagnosed when the left renal vein is compressed between the aorta and the superior mesenteric artery. This results in pelvic congestion and vulval varicosities.

### Aim

Highlight the importance of excluding a rare condition for a vulval varices which is a common presentation during pregnancy.

#### Case

45-year-old

G4 P3 - 3 vaginal births

Diagnosed Nutcracker Syndrome 10 months before conception when she presented with recurrent UTI

CT - grossly engorged left renal vein as it passed deep to the superior mesenteric artery with pelvic varicosities.

GDM on Insulin - Good control

Placenta Previa

Vulval varicosities

Management

Enoxaparin commenced from K 20

Elective caesarean section and sterilisation K 38

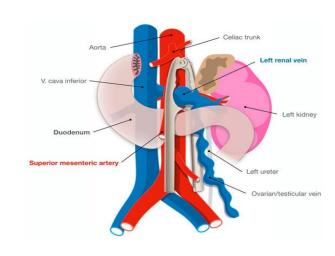
Lower segment and adnexa were very vascular

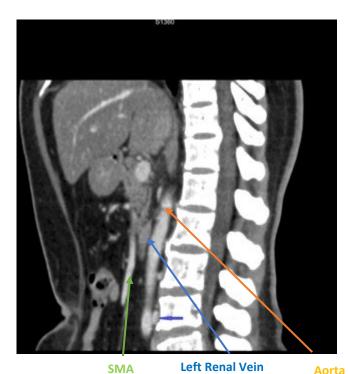
Uterine incision was at a higher level than normal lower transverse incision. She received additional oxytocics and tranexamic acid during CS. EBL was 700ml

She had an uneventful recovery. Discharged on Enoxaparin for 12 weeks postpartum

Her vulval varicosities have resolved when she was reviewed 12 weeks post partum.

Vascular team did not offer any surgical option 1 year post CS.





#### Discussion

This case demonstrates the importance of excluding the Nutcracker syndrome when a woman presents with vulval varices in pregnancy, as it has implications on the mode of delivery. Though there was an indication for CS as she had placenta previa, we would have offered CS due to the extensive vulval varicosities which would lead to massive PPH which may not ab able to be easily controlled unlike vulval varicosities due to other condition

#### References

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Motha M, Palihawadana T, Dias T, Wijesinghe P; Nutcracker syndrome in pregnancy: a worrying presentation of a benign condition; Ceylon Medical Journal 2017; 62: 238-39; <a href="http://doi.org/10.4038/cmj.v62i4.8574">http://doi.org/10.4038/cmj.v62i4.8574</a>