



Fig 7. Symptomatic vulvar varicosities with associated pelvic pain due to bilateral ovarian and internal iliac venous reflux. There are no associated lower extremity varices. Transabdominal ultrasound (not shown) shows periuterine varices with bilateral ovarian and internal iliac reflux and no evidence of left renal or common iliac venous obstruction. Balloon occlusion venography performed from a left internal iliac injection demonstrating varicosities associated with the internal (*black arrow*) and external (*white arrow*) pudendal veins. Similar reflux through the pudendal veins is present on the right. Ovarian and right internal iliac vein injections not shown. The Symptoms-Varices-Pathophysiology (SVP) classification is $S_{2,3a}V_{2,3a}P_{BCV,R,NT}; B_{IIV,R,NT}; B_{PELV,R,NT}$.

The SVP instrument characterizes a patient's presenting features in terms of signs, symptoms, and the underlying pathophysiology. However, there are some caveats to be considered in using the instrument. The instrument is a purely discriminative instrument and carries no implication of disease severity. As with CEAP, the responses within each domain are categorical variables that should be described by absolute numbers and percentages rather than by a mean score. Furthermore, the SVP presumes an underlying venous etiology to the patient's clinical presentation and does not include similar



Fig 8. Post-thrombotic venous claudication and left lower extremity swelling without visible lower extremity varices. Ultrasound (not shown) demonstrates post-thrombotic reflux with partial obstruction in the left common femoral, femoral, and popliteal veins, and no superficial venous reflux. The figure shows post-thrombotic changes in the left common and external iliac veins (*black arrows*) with large obturator collaterals (*dashed white arrow*) draining into the left internal iliac vein (*solid white arrow*). Collateral veins with antegrade flow bypassing an obstruction are not considered varices by the Symptoms-Varices-Pathophysiology (SVP) instrument. Because the presentation involves lower extremity symptoms and signs, the SVP classification should be used in conjunction with the CEAP classification. The SVP classification is $S_{3c}V_{0}P_{LCIV,O,T}; LEIV,O,T; Left C_{3s}E_{si}A_{d}P_{(o)}CIV, EIV; (r,o)CFV,FV,POPV$.

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