2026-06-20 15:46:10

55. Jahrestagung der Deutschen Gesellschaft für Angiologie – Gesellschaft für Gefäßmedizin e.V. | 10. DGA-Interventionskongress - DGA 2026

Thema:	Epidemiologie, Sekundärprävention
Präsentationsart:	Freier Vortrag (klinisch-praktisch)
Abstract-Nr.:	A-157
Status:	eingereicht
Young Investigator Award	Nein, danke.

Understanding simultaneously occurring vascular compression syndromes may be a gate to gender-equal vascular medicine

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Background
The simultaneous occurrence of multiple vascular compression syndromes is frequently not accepted but a reality in many female patients.
Too far fetched seem the symptoms which span literally from head to toe. Too unlikely seem to be the existence of allegedly rare diseases. The consequence for the predominantly female patients is neglect and suboptimal treatment.
Understanding, however, of specifics of the female spine, pelvis and connective tissue widens the horizon of vascular compressions and allows a just and respectful patient-experience , anamnesis, diagnosis and successful treatment of these otherwise "enigmatic" female patients. So, historic prejudices, often still unconsciously present in daily medical work, may be overcome.

Patients and methods
Within the last 36 years some thousand predominantly female patients with vascular compression syndromes have been examined with a continuously refined quantitative color Doppler ultrasound technique consisting of
1. Standardized anamnesis with quantitative holistic questionnaire 2. symptom-centered venous Color Doppler from the extremities to the heart including cervical and (intra)cranial vessels 3. Diameter and flow velocity measurements at compression sites 4. Flow volume measurements of affected vessels 5. Quantitative tissue perfusion measurement of all pelvic organs 6. Slicewise renal parenchymal perfusion measurement 7. 4D-PIXELFLUX global brain perfusion measurement with varying head positions 8. (Post)prandial evaluation of upper abdominal vessels and renal perfusion 9. Repetition of measurements while upright 10. Aortic flow volume measurements while supine and upright 11. Measurement of orthostatic renal ptosis and its correlation with renal perfusion 12. Measurement of the effect of diaphragmatic positions on celiac trunk and vena cava flow at the diaphragm 13. (Post)prandial evaluation of gastric and duodenal peristslsis and compression 14. Comparisons of mesenteric vein and iliac vein flow volumes before and after a meal / micturition 15. Evaluation of subclavian vein flow to rule out thoracic inlet syndrome

Results
The refined quantitative color Doppler sonographic protocol encompassing all relevant vessels of the entire body promotes the understanding of the complex interplay of vascular territories and can explain even apparently unbelievable symptom constellations.
Thus even after exhaustive conventional diagnosis the patients finally receive due respect, a meaningful diagnosis and successful treatment.

Conclusions
A paradigm shift is overdue to accept that peculiarities of the female anatomy and physiology warrant an expanded spectrum of diagnosis to overcome prejudice and short-sighted neglect as a consequence of focusing on single vessels and traditional parameters.

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