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PERCUTANEUS EMBOLIZATION AS THE FIRST-LINE TREATMENT FOR VARICOCELE: STILL AN EFFECTIVE THERAPEUTIC STRATEGY?

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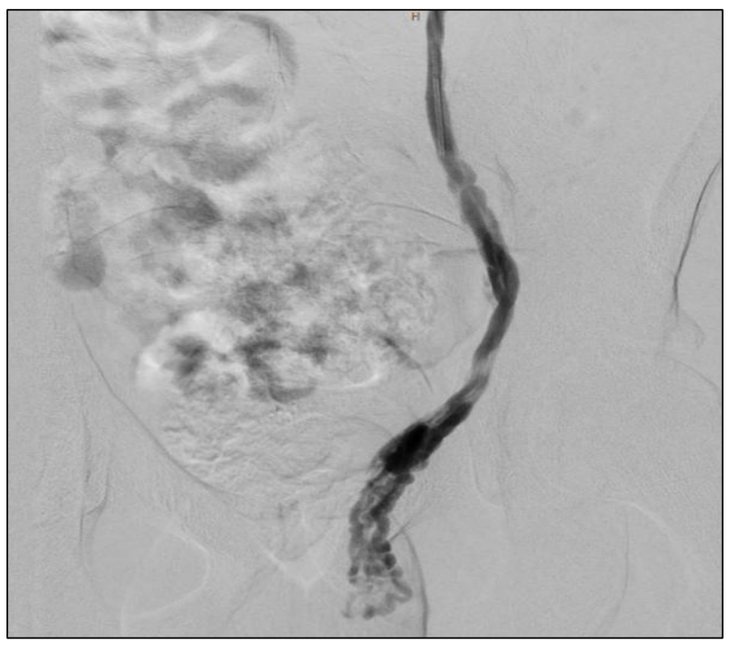
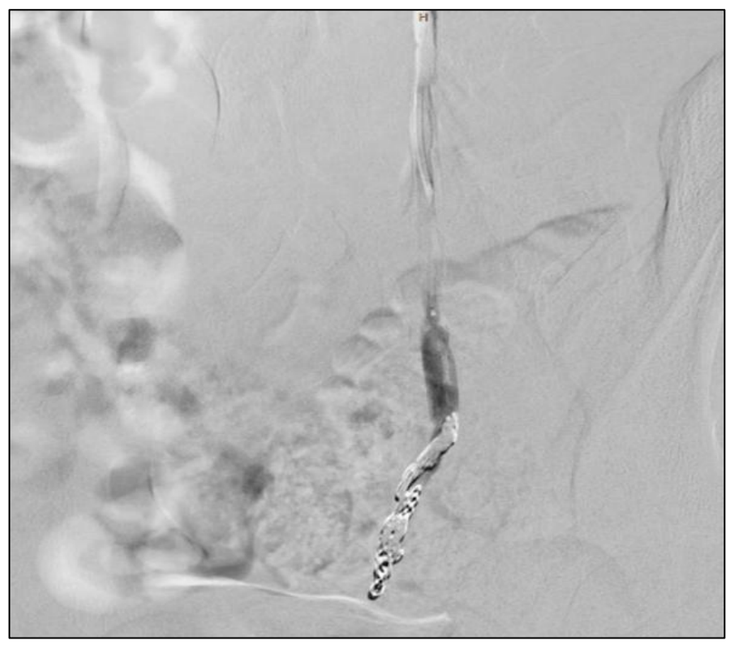
INTRODUCTION:

In 2014, we published our therapeutic strategy with **percutaneous embolization (PE)** as the first option for treating varicocele.

With an 80% remission rate in our series, we maintained this approach to this day despite controversy regarding the best treatment option for varicocele: **PE vs surgery**.



Pre-embolization



Post-embolization

METHODS:

Retrospective study of patients with varicocele treated **between 2014 and 2024**. The clinical-radiological data were extracted from the electronic medical records, stored and processed using statistical software.

RESULTS:

193 Patients with varicocele → **76** Treatment was indicated → **74** PE was indicated → **68** PE performed

- **65** Effective PE after a single procedure
- **1** Required a second PE to complete embolization
- **2** Recurrences after 1 PE performed

117 Follow-up, not treatment criteria

6 PE not possible
- 4 CPSV
- 2 technical difficulty to cannulate the spermatic vein

The procedure is rejected

2
Varicocele + inguinal hernia
Confirmed allergy to contrast

SURGERY 7 PATIENTS (5 laparoscopic, 2 open)
1 varicocele + inguinal hernia
1 Confirmed allergy to contrast
1 CPSV
2 technical difficulty to cannulate the spermatic vein
2 Recurrences

Remission rate
PE → 95.5%
VL → 100%

CONCLUSIONS

- In our experience, PE remains an **effective therapeutic option** when experienced interventional radiologists are available, with few side effects and, performed on an outpatient basis, is cost-effective with results comparable to surgery.