INTRODUCTION
- Left renal vein (LRV) compression, also known as Nutcracker Syndrome (NCS) can present with a large constellation of clinical symptoms
- Multiple surgical approaches for NCS treatment have been described

CASE PRESENTATION
- 48 Y F with PMHx of PCOS, nephrolithiasis, hysterectomy and bilateral salpingo-oophorectomy presenting with six years of chronic pelvic pain and hematuria
- CT abdomen/pelvis and catheter venogram revealed L renal vein compression with L gonadal vein engorgement
- Patient underwent L gonadal-external iliac vein transposition with end-to-side anastomosis
- Two week follow up – flank pain and hematuria completely resolved

DISCUSSION
- NCS is essentially a diagnosis of exclusion
- Endovascular, laparoscopic, and open techniques can be used to treat NCS
- LRV-IVC transposition is the most frequently used surgical approach
- Gonadal-external iliac vein transposition is a viable alternative due to anatomic proximity

FIGURES
- Figure 1: CT demonstrating LRV compression
- Figure 2: Coronal CT showing gonadal vein engorgement
- Figure 3: L Gonadal vein – External iliac anastomosis

CONCLUSIONS
- Gonadal-external iliac vein transposition was a favorable approach for our patient given her previous pelvic surgeries
- NCS should be considered in the differential for patients with chronic pelvic pain
- Surgical treatment is effective

COMPARISON OF RELEVANT LITERATURE
- Velasquez et al. (2018): Systematic review of management approaches for NCS
  - LRV transposition is most common and has good results, but other approaches need further investigation
- Wu et al. (2016): Evaluation of outcomes for patients who underwent endovascular stenting for NCS
  - Stent migration was not as rare as previously thought
- Our Case Report: Gonadal vein was favorable for transposition due to prior oophorectomy

REFERENCES & ACKNOWLEDGEMENTS
- The authors would like to thank the Department of Surgery Division of Research at the Medical College of Wisconsin