**Objective(s):** Bleeding vaginal varices present a rare and complicated pathology. Pelvic congestion, typically found in multiparous, pre-menopausal females is due to a combination of valvular venous dysfunction, retrograde blood flow and venous hypertension. It can cause chronic pelvic pain as well as vulvar, pelvic and lower extremity varicosities. Bleeding complications or significant hemorrhage is rare, and usually associated with secondary findings of coagulopathy, hepatic dysfunction or portal hypertension. We present a unique clinical manifestation and treatment for a 70-year-old female with pelvic congestion and symptomatic anemia from bleeding vaginal varices.

**Methods:** The patient presented with acute congestive heart failure exacerbation as well as intermittent vaginal bleeding. Echocardiogram showed an ejection fraction of 15-20% with severe valvular insufficiency. CT imaging showed cardiomegaly, anasarca and dilated coelomic and pelvic veins. Interventional radiology performed a pelvic venogram demonstrating significant reflux from bilateral hypogastric veins into very large bilateral pelvic varicosities extending towards the vagina. Radiology embolized the left ovarian vein. The right side was deemed too extensive for successful intervention. However, the patient’s vaginal bleeding persisted with hemoglobin levels dropping as low as 6.4 from 13.3 mg/dL on admission. The patient was taken to the operating room and placed in lithotomy position. Speculum examination showed venous bleeding from varicosities clustered along the vaginal wall. Direct sclerotherapy was successfully performed using a 0.5% sotradecol (total 6 cc) with a 22G spinal needle. The largest varicosities were addressed initially and the procedure was repeated one week later to address the remaining ones.

**Results:** The patient tolerated the procedures well without any adverse event. She remained in the hospital until medically optimized from a cardiac standpoint and did not experience any further vaginal bleeding. No such cases have been reported in our literature review.

**Conclusions:** Bleeding vaginal varices are a rare entity, and this represents the first case of significant hemorrhage associated with congestive heart failure. Even though the dictum for venous hypertension is to treat proximal disease first, we present a complex case whereby the direct approach was used to successfully stop bleeding when the standard intervention was not feasible. This also represents the first reported case of direct sclerotherapy for successful treatment of symptomatically hemorrhaging vaginal varices.