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## Great saphenous vein aneurysm: A differential diagnosis of femoral hernia and review



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## ABSTRACT

**INTRODUCTION:** Venous aneurysms are unusual clinical entities that might be difficult to diagnose and usually appear as an asymptomatic incidental finding on physical examination or imaging study and discovered only during the surgical exploration. They are important differential diagnosis of groin and other subcutaneous mass.

**PRESENTATION OF CASE:** We report a case of a 67-years-old woman who had a groin mass misdiagnosed as femoral hernia, which was subsequently diagnose as great saphena vein aneurysm in the intraoperative set and treated with ligature and resection.

**DISCUSSION:** In conclusion, venous aneurysms of the superficial system are lesions that are important differential diagnosis of groin and other subcutaneous mass.

**CONCLUSION:** Diagnosis is readily available by duplex ultrasonography; however, in most cases, the diagnosis is done only in the operative field.

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## 1. Introduction

An aneurysm is a focal dilatation of a blood vessel. It usually occurs in arteries, however they may occur in any part of the vascular system. Venous aneurysms are unusual clinical entities that have been described throughout the venous system [1]. It is best described as a solitary area of venous dilatation that communicates with a main venous structure by a single channel, and it must have no association with an arteriovenous communication or a pseudoaneurysm. Most importantly, it should not be contained within a segment of varicose vein [2]. They may occur in the presence or absence of varicose veins [2,3]. Venous aneurysms are lesions that might be difficult to diagnose [4]. They have been reported to occur in most major neck, central thoracic and extremities veins.

Primary venous aneurysms are infrequently noted and usually appear as an asymptomatic incidental finding on physical examination or imaging study and rarely have clinical significance with the notable exception of aneurysms of the popliteal vein, which have been recognized as a rare source of recurrent pulmonary embolism and deep venous thrombosis. These lesions may be misdiagnosed as soft tissue masses or as inguinal or femoral hernias [5].

Treatments for these lesions range from simple observation to surgical resection and end-to-end anastomosis [4,5].

We report a case of a woman who was admitted to our hospital to treat a groin mass misdiagnosed as femoral hernia, which was subsequently diagnose as great saphena vein aneurysm in the intraoperative set and review import aspects about the venous aneurysms and the treatment options. We stressed important elements of this case, such fully documented surgery, histological and clinical aspects, rarity and review of very important aspects of this entity.

## 2. Presentation of case

A sixty-seven years old female was admitted in our infirmary (abdominal wall diseases) with complaints of a growing mass at the groin region during the last two years. The mass increased during efforts and returned to normal size in rest. The patient also referred local pain and ipsilateral paresthesia. She was diagnosed with hypertension twelve years ago and was taking enalapril and amlodipine as medical treatment. As previous surgery, she referred a cholecystectomy for gallstones disease and two cesarean labors. There was no history of trauma, infection or inflammatory disease. At physical examination, a obesity was noted (Index Body Mass = 29.5 Kg/m<sup>2</sup>). The inguinal region examination revealed an easily reducible bulging with soft consistency (Fig. 1). The bulging

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Fig. 1. - Valsalva maneuver into the right femoral region.

increased during Valsalva maneuver. There were also varicose veins in the lower extremities with stasis dermatitis.

Surgical therapy was indicated with a preoperative diagnosis of femoral hernia. During surgical exploration, with local anesthesia (lidocaine 1% solution), a 4 cm incision was carried out at saphenofemoral junction; a venous dilatation of saphena crocea was noted (Fig. 2). It was optioned to resect the aneurysm and ligate that distal part of the great saphena vein, as well as the proximal part close to the femoral vein (Fig. 3). The postoperative period were uneventful and the patient was discharged at first post-operative day. Histopathological examination revealed focal intimal and media layer thickening with fibroplasia areas (Figs. 4 and 5).



Fig. 3. - Great saphenous vein aneurysm close to right femoral vein.

### 3. Discussion

Venous aneurysms are unusual vascular malformations that occur equally between the sexes and are seen at any age. Superficial venous aneurysms of the inguinal region are often misdiagnosed [2] and discovered only during the surgical exploration. This type of venous aneurysms have commanded little attention chiefly because they carry no threat to life or limb and have not been noticed to any great extent until recently [6].

The differential diagnosis of a soft-tissue mass of an extremity on which the general surgeon may be asked to operate includes a wide spectrum of benign and malignant lesions [7]. Venous aneurysms



Fig. 2. - Intraoperative aspect after opening the skin.



Fig. 4. - Macroscopic aspect of the great saphenous vein aneurysm.

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