Medicina Universitaria. 2015;17(67):97–101

MEDICINA UNIVERSITARIA

www.elsevier.es/rmuanl

SCIENTIFIC LETTER

Thrombosed great saphenous vein aneurysm accompanied by venous thrombosis

F.G. Rendón-Elías[a,*], R. Albores-Figueroa[a], L.S. Arrazolo-Ortega[a], F. Torres-Alcalá[a], M. Hernández-Sánchez[b], L.H. Gómez-Danés[a]

[a] *Service of Thoracic and Cardiovascular Surgery of the ''Dr. José Eleuterio González'', University Hospital of the UANL, Mexico*
[b] *Service of Pediatrics, UMAE ·21, IMSS Monterrey, Nuevo León, Mexico*

Received 14 May 2014; accepted 22 July 2014
Available online 23 June 2015

KEYWORDS
Great saphenous vein;
Venous aneurysms;
Vascular malformations;
Venous thrombosis

Abstract Superficial venous aneurysms of the lower extremities are considered rare and their clinical significance is poorly defined. The purpose of this article is to report a case of a 72-year-old woman with a thrombosed great saphenous vein aneurysm along with deep venous thrombosis and review its clinical presentation, diagnosis and treatment.
© 2014 Universidad Autónoma de Nuevo León. Published by Masson Doyma México S.A. All rights reserved.

Introduction

Venous aneurysms (VA) are a rare vascular pathology. First described by Sir William Osler in 1913,[1] VAs can be located anywhere throughout the venous system and do not have a preference regarding sex or age.[2]

VAs are usually located in the lower extremities, and can be deep or superficial, depending on whether the affected vein is over or under the muscle fascia. Deep VAs are the most frequent, because the popliteal vein is the most commonly affected (between 60% and 70% of the cases), and the most studied because of their high thromboembolism risk.[3]

Superficial VAs are rare, with under 60 reported cases in medical literature[4] and are taken less seriously than deep VAs, due to the fact that superficial VAs are considered to have a low risk of life-threatening complications.

The purpose of this article is to present a case of a patient affected by a thrombosed great saphenous vein aneurysm along with deep venous thrombosis. Additionally, the literature is reviewed with a discussion on clinical implications and the diagnostic and therapeutic approach of this lesser known vascular pathology.

Clinical case

The patient is a 72-year-old female, with no positive background of chronic degenerative diseases or of any other type, and a negative history of smoking. The patient

* Corresponding author at: Servicio de Cirugía Torácica y Cardiovascular del Hospital Universitario ''Dr. José Eleuterio González'', de la Universidad Autónoma de Nuevo León, Av. Madero y Gonzalitos S/N, CP. 64460, Monterrey, Nuevo León, Mexico.
E-mail address: drfrendon@gmail.com (F.G. Rendón-Elías).

http://dx.doi.org/10.1016/j.rmu.2015.02.002
1665-5796/© 2014 Universidad Autónoma de Nuevo León. Published by Masson Doyma México S.A. All rights reserved.

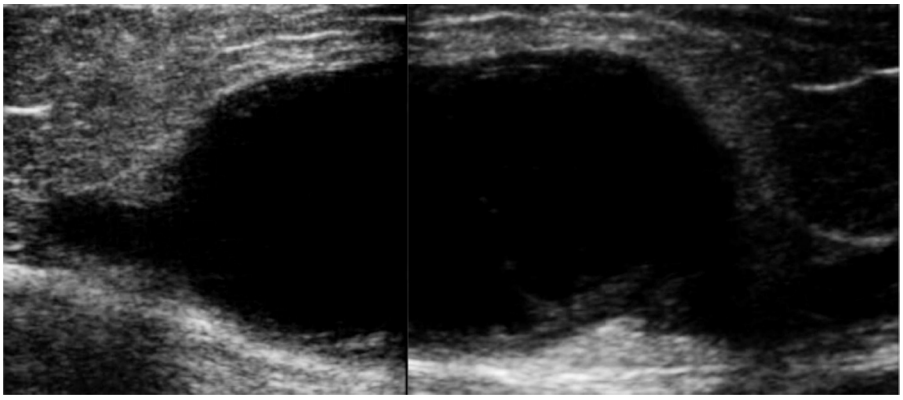

Figure 1 Reconstructed ultrasound image which shows an internal saphenous vein venous aneurism of 9 × 5 cm, which compression did not remove.

presented an increase in volume of the right pelvic limb 10 days after undergoing surgery to correct a direct inguinal hernia using the Bassini–Shouldice technique. The subject pointed out that for over 40 years she presented a soft tumor of approximately 10 cm, located in the middle third of the medial part of the right thigh 22 cm from the inguinal fold. The tumor was soft, palpable and painless with a variation in volume depending on the position and did not cause any discomfort. Subsequent to the hernioplasty the patient began noticing that the tumor hardened and caused pain, along with redness and an increase in local temperature, consequently the physician diagnosed a cellulitis and prescribed antibiotic therapy. The symptomatology did not improve with the prescribed treatment and now presented an increase in volume of the entire pelvic member. She was therefore referred to our service. During the examination a difference of 5 cm in volume between both pelvic members was observed, noticing a hard, non-mobile, painful lump of 9 × 6 cm. The rest of the examination was normal. A vascular ultrasound was performed, showing a non-palpable, anechoic growth, connected to the great saphenous vein, of 9 × 5 cm (Fig. 1) without the presence of venous reflex neither in the great saphenous nor in the saphenofemoral junction. Moreover, a posterior tibial vein thrombosis was detected. With a great saphenous vein aneurysm diagnosis, the patient was transferred to surgery where an aneurysmectomy and SFJ ligation were performed (Figs. 2 and 3).

There were no complications during the procedure, the evolution was good and the patient was discharged on the second postoperative day with a compressive and anticoagulant DVT treatment for a period of 3 months.

Discussion

The terminology used to describe venous dilatations can cause confusion. The terms phlebectasia, varicose vein and/or venous aneurysm are considered synonyms in the medical community; however, they mean different things. Phlebectasiais defined as a fusiform and diffusely dilated vein. The association of dilated and tortuous veins is known as varicose veins.[5] There is no precise criteria regarding size and when a venous dilation is considered an aneurysm; however, Mateo[6] and McDevitt[7] established that whenever

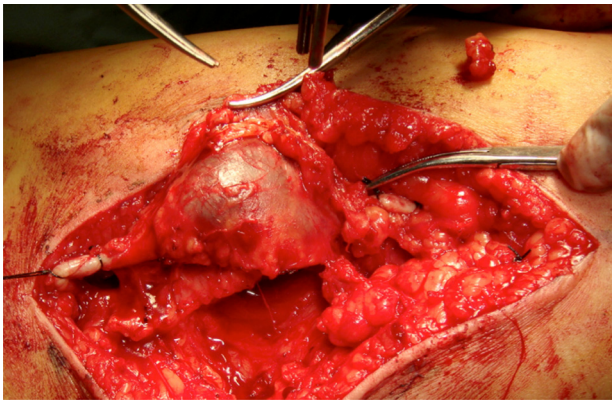

Figure 2 Surgical excision of the internal saphenous vein venous aneurisms.

the vein's diameter is twice as large as the normal diameter, then it is considered to be an aneurysm (the saphenous vein's normal size at the saphenofemoral joint is 3–5 mm, 2–4 mm at the thigh and 1–3 mm at the ankle).[8] Nevertheless, in order to consider it a primary venous aneurysm size is not the only factor considered. It must also be a localized dilation, conformed by three histological layers which constitute the normal venous wall. This could be saccular or

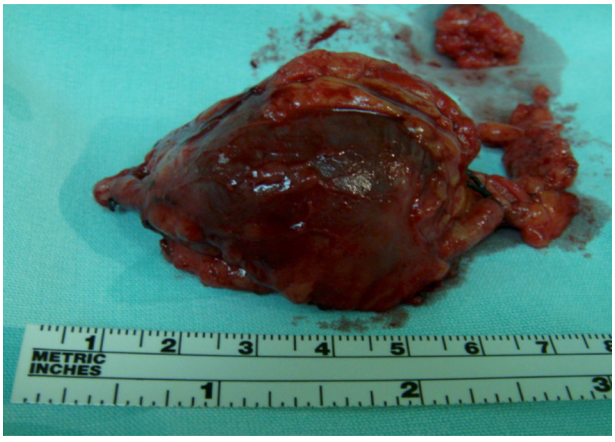

Figure 3 Thrombosed internal saphenous vein venous aneurysm.

Download English Version:

https://daneshyari.com/en/article/8926134

Download Persian Version:

https://daneshyari.com/article/8926134

Daneshyari.com