

Atypical Peripheral Venous Aneurysm: A Rare Case

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Abstract : Venous aneurysms are uncommon but clinically important. They can lead to venous thrombosis, depending on the affected region. In this case report, we present an atypical venous aneurysm and its surgical treatment.

Keywords: venous aneurysm, complication, surgery

Özet: Venöz anevrizmalar nadir fakat klinik olarak önemlidir. Oluştığı bölgeye göre venöz tromboza neden olabilir. Bu vaka sunumunda atipik venöz anevrizma ve onun cerrahi tedavisi sunuldu.

Anahtar kelimeler: venöz anevrizma, komplikasyon, cerrahi

Venous aneurysms are uncommon but important clinically. They can lead to venous thrombosis, depending on the affected region deep vein thrombosis and even pulmonary emboli which is clinically a severe condition (1). Here we present an atypical peripheral venous aneurysm without systemic complication.

Case report

A 21 year-old man presented with a 4x5 cm sized swelling of right lower extremity above the ankle (Figure 1). The physical examination of the patient demonstrates the soft tissue swelling without pain, normal lower extremity pulses, no thrill palpation. The doppler ultrasonography and venography showed no arterial communication (Figure 2). Under spinal anesthesia we planned to remove the venous malformation (Figure 3). The thinned skin above the swelling was removed as elliptical shaped and dissected cautiously with surrounding tissues. Two feeding veins were ligated and the malformation were removed, the skin closed primarily (Figure4). During follow-up period, there was no problem and the patient was discharged.

Discussion

Venous aneurysms are extremely rare vascular malformations (2). These aneurysms are usually asymptomatic and emerge as soft tissue masses that seen more prominent when in a dependent position **Hata! Yer işareti tanımlanmamış..** Venous aneurysms may cause thrombophlebitis, thrombus formation and pulmonary embolism when major veins are affected (3). Surgical repair should be preferred in most of the symptomatic superficial or deep venous aneurysm (4). As in our case the location of the aneurysm is very vulnerable to trauma so that we prefer surgical resection. The etiology of venous aneurysmal disease remains unknown, it is named as primary aneurysm. If the etiology of the aneurysm is known it is named as secondary venous aneurysms (5). The contributing

factors are congenital factors, inflammation, trauma and degenerative changes. The location of aneurysm and diseased vein affect the operation technique. The larger veins need reconstruction mostly with autologous grafts and anticoagulation therapy (6). In our case, superficial venous system was affected so that just simple surgical resection was enough to treat the aneurysm.

Complications of the surgery may be classified as early and late. The early complications are hematoma formation, transient nerve damage, thrombophlebitis of the surgical repair and infection. The late complications are development of the thrombosis from the procedure (ligation of related veins) and recurrence of the venous aneurysm. If large veins involved, more severe complications are seen due to the risk of rupture, more complex reconstructive venous surgery. These are located mostly in the large body cavities like thorax, abdomen or pelvic cavity and reach giant sizes without any clinical symptoms.

However peripheric venous aneurysms are localized in neck, both of upper lower extremities (3). They are identified earlier due to more superficial localisation as in our case report patient. Less complex surgical technique without venous reconstruction is used. Meticulous surgery should be performed to avoid and prevent complications.

Comment

Surgery should be preferred in patients with asymptomatic peripheric venous aneurysm to prevent thromboembolic events and unwanted complications.



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