

Management of Saphena Varix: A rare case in Surgical Practice

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(Cardiovasc. j. 2009; 1(2) : 229-230)

Introduction:

Saphena varix may be defined as an abnormal dilatation of the distal part of the Great Saphenous Vein (GSV) near its junction with femoral vein.¹ It usually remains within 2 cm of Sapheno-Femoral Junction (SFJ). Normally Saphena varix presents with varicose vein of the affected limb. However, it is rare among the common groin swellings. A single non invasive investigation like Duplex Imaging is conclusive. Even, it was reported that Saphena varix was diagnosed during operation. Operation is simple and outcome is good.

Case report:

A 70 year old lady presented with a swelling in her right groin for last 10 years. Initially the swelling was small. It gradually increased in size for last couple of years. The swelling disappeared whilst lying down and reappeared on standing. It was neither associated with any other discernable common pathology of the groin and limb nor common systemic diseases. She consulted with Surgeons in DMCH and finally they referred her to NICVD. Examination of the lower limb revealed a small rounded non-tender lump, 4 cm below the right pubic tubercle. It was 5 cm in diameter, soft, cystic in consistency and fluctuant. Cough impulse was positive. It was compressible but not reducible. The swelling was not pulsatile and non transilluminable. It was neither fixed to the skin nor to the underlying tissue. Overlying skin appeared to be normal. No scar or discharging sinus

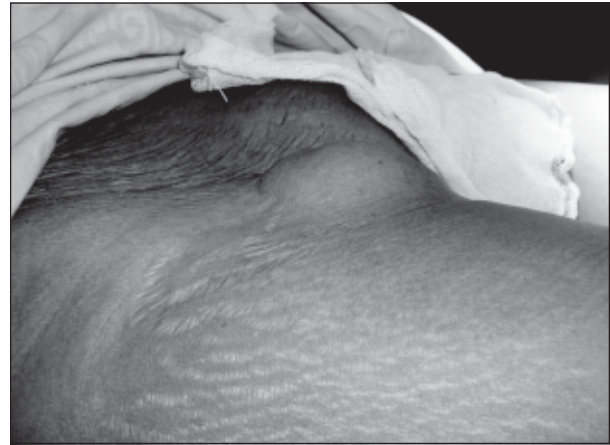


Fig-1: Saphena Varix

was found. Schwartz's test: positive. Lymph nodes: Inguinal lymph nodes are not palpable.

All peripheral pulses of the lower limbs are palpable and no signs of venous insufficiency in the form of varicosity, oedema, pigmentation, ulcer etc were found. Diagnosis is confirmed by Duplex imaging. It is reported as reflux through SFJ and sacculcation of terminal part of GSV.

Management :

Procedure: With all aseptic precaution a transverse incision was made 1.5 cm below and parallel to the right inguinal ligament under spinal anesthesia. Skin and soft tissue were incised along

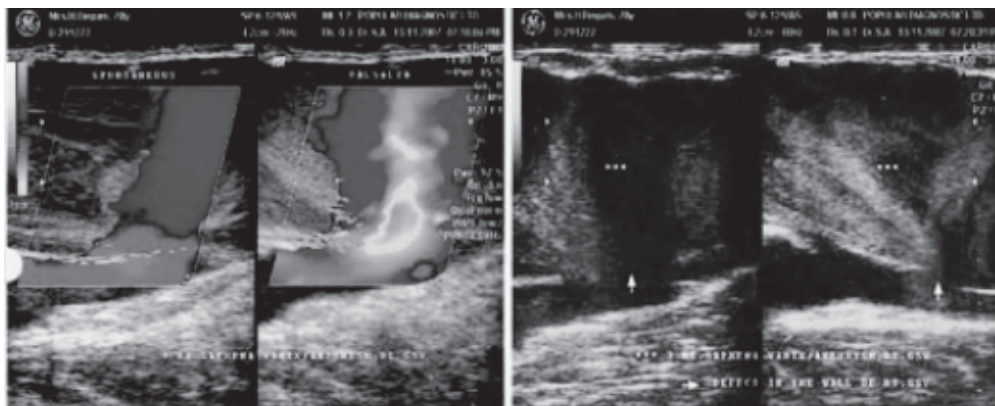


Fig-2: Duplex Study

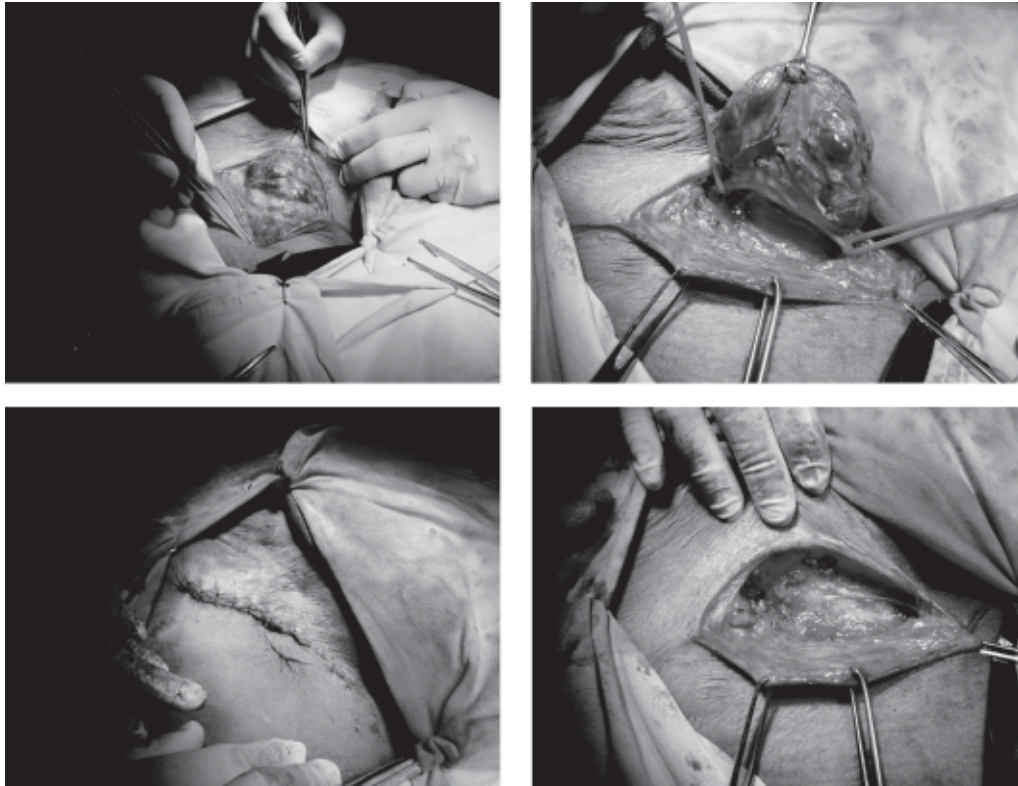


Fig-3: Sequence of surgical procedure (Clock wise)

the line of incision. The sac was identified and separated from surrounding structures. Common femoral artery, common femoral vein and femoral nerve was not exposed or injured. Sac was separated from both ends after transfixing the ends. Haemostasis ensured and wound closed in layers. Postoperative period was uneventful. She was discharged from hospital on 5th postoperative day.

Discussion:

Saphena varix is a benign lesion of the superficial venous system of the lower limb. There are two systems of venous drainage viz. superficial and deep in the lower limb. They are connected with each other by perforators². As Saphena varix is a rare clinical entity, a very few case report is found in publication in last 50 years. It is the first ever diagnosed case of isolated Saphena Varix at NICVD,

Dhaka. The clinical significance lies in its differentiation from other conditions that cause a groin mass³. This swelling presents for a prolonged period of time and may cause complications like bleeding, thrombosis, thrombophlebitis and even DVT.

Conclusion:

Though Saphena varix is rare, clinicians must keep the condition in mind when they encounter with any puzzling groin swellings. Surgical management is rewarding.

Reference:

1. Marle D et al. Varicose Vein. In: Harmovici Ed. *Vascular Surgery*. Massachusetts. Blackwell Publishing 2004: 1060-1070.
2. Robert B, Rutherford. Varicose Vein. In: Cronenwett. JI, Rutherford RB. Eds. *Decision making in vascular surgery*. Pennsylvania. WB Saunders. 2001: 290-293.