CASE STUDY

Thrombosed Phlebectasia of the External Jugular Vein With Neck Pain

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KEYWORDS
Phlebectasia; 
External jugular vein

Abstract  Jugular phlebectasia is a dilation of the vein. It is observed clinically as a soft, bulky tumour in the neck, with no pain. Rarely seen in adults, there are only a few cases described in the literature. We report a 72-year-old patient who reported a painful cervical mass. Extensive studies led to the diagnosis of phlebectasia of the external jugular vein with partial thrombosis. The elective treatment is conservative, but considering the possibility of rupture or thromboembolic complication, we performed surgical exeresis of the lesion. © 2011 Elsevier España, S.L. All rights reserved.

PALABRAS CLAVE
Flebectasia; 
Vena yugular externa

Flebectasia trombosada de la vena yugular externa derecha con dolor cervical

Resumen La flebectasia yugular es una dilatación de la vena. Aparece en el cuello como una masa blanda no dolorosa. Excepcional en los adultos, con muy pocos casos descritos en la literatura mundial. Presentamos a una paciente de 72 años con una tumoración cervical dolorosa que resultó ser una flebectasia de la vena yugular externa derecha con trombosis parcial. El tratamiento es conservador, pero dada la clínica de la paciente y la posibilidad de rotura o complicación tromboembólica se realizó su exéresis quirúrgica. © 2011 Elsevier España, S.L. Todos los derechos reservados.

Introduction

Jugular phlebectasia is fusiform or saccular venous dilation of unknown aetiology. It is extremely rare in adults1 and more common in children.2,3

In decreasing order, its most frequent locations are the internal, external, and anterior jugular veins.4 It manifests as a soft and painless mass which changes size with efforts and the Valsalva manoeuvre.

Diagnosis is obtained by Doppler ultrasound and computed tomography (CT) scans, which reveal the dilated vein.

Treatment is generally conservative, although sometimes the symptoms or risk of complications warrant surgery.

Case Report

The patient was a 72-year-old female with a painful, right supraclavicular tumour of 2 years evolution. It was soft,

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Figure 1  (A) Axial, B-mode ultrasound image of the right, external jugular vein, showing its increased calibre, as well as an echogenic thrombus, occupying the lumen subtotally. (B) Axial, cervical CT scan with contrast, showing a dilated, right, external jugular vein with a large, central thrombus and permeable marginal lumen. (C) Oblique, sagittal reconstruction, showing 2 afferents to the thrombosed phlebectasia corresponding to the external jugular vein and an occipital branch.

Figure 2  (A and B) Images of the excision of right, external jugular phlebectasia. (C) Surgical specimen.

non-pulsatile, fluctuated with efforts, yielded to pressure and changed size with the Valsalva manoeuvre.

A colour Doppler revealed the increased calibre of the external jugular vein and a thrombus in its interior.

The CT scan showed a varicose dilatation at the expense of the right external jugular vein, approximately 4.5 cm × 3.5 cm × 3 cm, with a large central thrombus and a permeable marginal lumen, as well as a tapered efferent portion and normal afferent portion. The 3D reconstruction showed a second afferent vein (Fig. 1).

We performed exeresis and ligation of the venous connections, confirming the 2 afferents to thrombosed phlebectasia, which corresponded to the external jugular vein and an occipital branch.

Pathological anatomy confirmed the diagnosis of external jugular phlebectasia, with partially thrombosed material (Fig. 2).

The patient is currently without evidence of disease and cervical pain has disappeared.

Discussion

There are different hypotheses to explain the origin of venous ectasias in general. They may be associated with congenital defects of the muscular wall of the vein, mechanical obstructions in the lower part of the neck and mediastinum, compression of the jugular vein between the clavicle and the top of the right lung and increased scalene muscle tone.4–6

This entity should be suspected upon observation of a supraclavicular neck mass which increases in size with efforts and the Valsalva manoeuvre, generally asymptomatic, although in some rare occasions it may cause pain, as in our case. It may also appear at the tongue base.7

Colour Doppler ultrasound is the method of choice to determine the nature of the tumour and differentiate dilatation of the jugular vein from other vascular and non-vascular dilations and cystic neck malformations.8 The study should be completed by a CT scan and 3D reconstruction.

Its differential diagnosis should include external laryngocele, arteriovenous malformations, parapharyngeal and branchial cysts.9

Treatment should be conservative, unless the symptoms or risk of fracture advise surgery.

Jugular vein thrombosis may cause venous thromboembolism in patients with phlebectasia,10 so surgical treatment should be considered.3

Conflict of Interests

The authors have no conflict of interests to declare.
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