

SUPERFICIAL VENOUS ANEURYSM OF THE HAND

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INTRODUCTION

Venous aneurysm is dilatation of a localized segment of a vein. Superficial venous aneurysm of the upper extremities is a rare condition. Lipshutz and Rabwin first described it in 1960 and since then only 19 cases have been published in literature¹. To our knowledge no case has been reported from Pakistan so far. These may require treatment for cosmetic reason or complications.

CASE DESCRIPTION

A thirty-year-old lady reported with a painless, bluish swelling on the dorsum of her left wrist for the last twelve years, provisionally diagnosed as a case of ganglion. The swelling was gradually increasing in size. The patient was disturbed by the ugly look and possibility of malignancy. There was no history of trauma or infection. It was a rounded bluish swelling 2x2 cm in size, overlying skin had normal texture. There was slight decrease in size on elevation of the arm. The swelling was neither fixed to skin nor underlying bones or joint. It was mobile in transverse direction but not in longitudinal direction. It was non-pulsatile, soft, cystic, fluctuant, and compressible. There was no thrill or bruit. Examination of rest of the arteries and veins did not reveal any abnormality. Differential diagnosis of haemangioma and venous aneurysm was

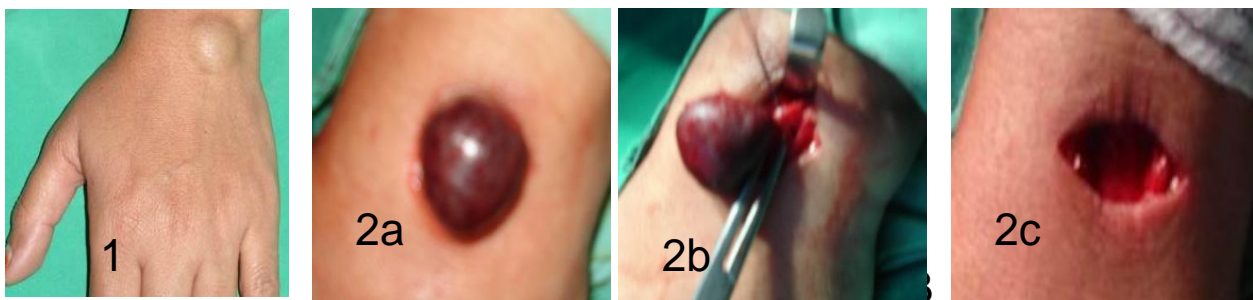
considered. Doppler ultrasound confirmed the diagnosis of a venous aneurysm. The aneurysm was excised through a skin crease incision after ligating all feeding veins, under local anaesthesia. Histopathology revealed thinning of the venous wall and degeneration of the elastic tissue.

DISCUSSION

Venous malformations are the commonest vascular anomalies. Venous aneurysms represent the most common dilating type malformation. These can be classified into primary or secondary, true or false (Pseudoaneurysm) and superficial or deep types. Superficial venous aneurysms of the upper limb are very rare and since its first publication in 1960 only 19 cases have been published so far².

The exact cause of venous aneurysm is unknown. Histologically there is thinning of smooth muscle layer and elastic tissue architecture disruption and deficiency and intimal hypertrophy due to fibrous tissue infiltration.

Superficial venous aneurysm are generally asymptomatic and their complications are rare and minor so they are not given much importance but some time they may become thrombosed and severely painful



1-Venous Aneurysm 2 (a-c) Steps of excision

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 Received: 02 Feb 2007; Accepted: 09 Feb 2010

or rupture spontaneously (theoretically) or traumatically³. They may be of cosmetic concern when on exposed parts of the body. They may cause compression of the adjacent

structures like nerves. Diagnosis can be confirmed by Doppler ultrasound. Other useful investigations are Duplex ultrasound, CT scan, MRI, Venography.

Surgery is indicated in venous aneurysms for cosmetic reasons and complication eg nerve compression⁴. Treatment is excision after ligation of all feeding veins if small and excision of the aneurysm and some form of reconstruction in case of large aneurysms¹. Small superficial venous aneurysms can be treated by endoluminal laser or endovenous radiofrequency energy. Injection of sclerosing agents and foam followed by compression are other therapeutic options¹.

I conclude by emphasizing upon careful examination of all subcutaneous soft tissue masses for proper management and prevention of embarrassment and complications.

REFERENCES

1. Lee H Y, Lee W, Cho Y K, Chung JW, Park J H. Superficial Venous aneurysm. Report of three cases and literature review. *J Ultrasound Med* 2006; 25:771-776
2. Rutherford R B Diagnostic evaluation of arteriovenous fistulae and vascular anomalies. In: Rutherford. *Vascular Surgery*. 16 th edn. Philadelphia: Elsevier Saunders; 2005. 1602-1612.
3. Ekim H, Kutay V, Tuncar M, Gultekin U. Management of primary venous aneurysm. *Saudi Med J*. 2004; 25 (3): 303-307.
4. Kassabian E, Coppin T, Combes M, Julia P, Fabiani JN. Radial nerve compression by a large cephalic vein aneurysm: case report. *J Vasc Surg* 2003; 38:617-619.

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