



Case Report - Unusual Case of AV Malformation Presenting as Saphena Varix in a 3-Year-Old Child

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Abstract & 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

Saphena Varix is a venous anomaly affecting the upper part of great saphenous vein that mimics femoral hernia² to the wary clinician and unless he is aware of this possibility it can be disastrous if an incision is made thinking it to be femoral hernia. I present a case of Left groin swelling in a 3-year-old child present since birth that was soft, reducible on lying down and had impulse on coughing. He was operated and a large bunch of dilated veins was found at SF junction and great saphenous vein was found opening into the mass of veins inferiorly.

There are few published such cases in literature and none in paediatric age group. This is the first published case of Saphena Varix in a child stressing the importance of this differential diagnosis in evaluation of groin swellings.

Keywords: *Saphena Varix, Groin swelling, Varicose veins lower limb,*

CASE REPORT

A 3 year old male child presented with an asymptomatic swelling in left groin since birth. Initially the swelling was small. It has gradually increased in size since. 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. Examination of the lower limb revealed a fairly large rounded non-tender lump, below and lateral to the left 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. Multiple fine prominent subcutaneous vessels were found around and lateral to the swelling extending to anterior superior iliac spine on the left side. No scar or discharging sinus was found. Cough impulse test: positive. Schwartz's test: negative. Lymph nodes: Inguinal lymph nodes were not palpable. All peripheral pulses of the lower limbs were palpable and no signs of venous insufficiency in the form of varicosity, oedema, pigmentation, ulcer etc were found. Both lower limbs were found to be equal in

length and circumference. Diagnosis was confirmed by ultrasound and arteriography that was done to identify feeding vessels.



Fig.1 Before Surgery.

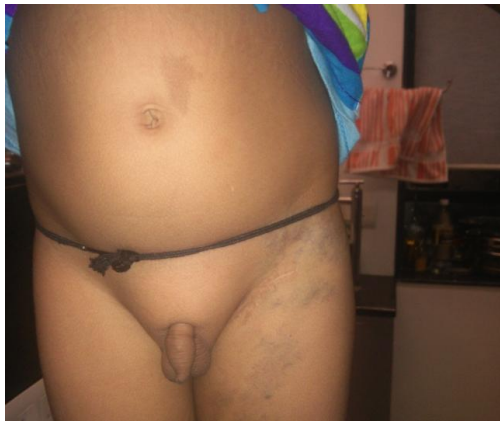


Fig.2 Six months after surgery.



Fig.3 Arteriography

PATIENT MANAGEMENT

After preoperative preparation and general anaesthesia a 4cms incision was made 1 cm and nearly parallel to left inguinal ligament. Skin and soft tissues were dissected carefully and few feeder veins lateral to the bunch of veins were ligated and cut. Great saphenous vein was identified below the bunch of veins which was of normal caliber (not dilated), ligated and cut. The SF junction was exposed and femoral vein was also exposed for few millimeters below before ligating the SF junction and the entire mass of veins was removed.

Postoperatively the child had lymphorrhoea collection in the femoral region which was repeatedly aspirated about 10-15 ccs every time till it gradually reduced and disappeared in two weeks.

DISCUSSION

Saphena Varix is an important differential diagnosis to be kept in mind in dealing with any patient with groin swelling. History of hip surgery, local trauma and any local procedures such as femoral vein catheterisation should be taken. Both limbs should be examined for asymmetry which would suggest congenital abnormality such as Klippel Trenaunay Weber Syndrome which is characterised by port wine stain, varicose veins, soft tissue and bone hypertrophy involving an extremity.

Arteriography should be done to delineate feeder veins, which are ligated carefully before approaching the SF junction. Prognosis is good and apart from lymphorrhoea that can be troublesome there are no other significant complications if surgery is done carefully and meticulously.

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