

Internal jugular phlebectasia in an adult - rare cause of neck swelling

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The term Phlebectasia indicates dilatation of a vein without tortuosity anywhere in the body. This pathology refers to a congenital fusiform dilatation of the internal jugular vein that appears as a soft and compressible mass in the neck.¹ It becomes visible on straining and may be triggered by valsalva maneuver.² It is a congenital malformation and is usually encountered in childhood. The possible differential diagnosis for internal jugular Phlebectasia are laryngocele (most common), arteriovenous malformations, cavernous haemangioma, brachial cyst and cystic hygroma.³ In this letter we discuss a case misdiagnosed and how it should have been treated properly. This case demonstrates that a rare entity known only as a childhood pathology may also be encountered in adulthood. Moreover, to our knowledge, there are less than 50 cases of internal jugular Phlebectasia in recent literature most of which are children.⁴

A 52 years old male was referred to us at, Neuroradiology department of Lahore General Hospital in June 2017, by the ENT department of Ganga Ram Hospital Lahore, with history of swelling appearing on the right side of the neck on straining only for the last 2 months. Swelling was gradual in onset and slowly progressive in nature. It was not associated with any other complaint like pain, change of voice, facial congestion and difficulty in swallowing or breathing. Initially on clinical examination of neck, no identifiable mass was seen. The swelling was soft, cystic, non-tender and easily compressible. No bruit or pulsation

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over the swelling was present. Trans-illumination test was negative. It was not possible to get below the swelling. There was no lymphadenopathy. General examination was normal.

After six years the patient presented with swelling on the right side of the neck. He was subjected to investigation which included MRI neck and cervical spine. The possible conditions causing secondary internal jugular vein dilatation like intra-thoracic space occupying lesions compressing over the great vein were ruled out with the help of ENT surgeon and hence the diagnosis of idiopathic internal jugular Phlebectasia was made.

Internal jugular Phlebectasia is not known to progress rapidly and there have been no reported cases of spontaneous rupture of the swelling or other serious complications.

In conclusion, internal jugular Phlebectasia is a rare condition which appears on exertion.

Unless a complication occurs or it becomes cosmetically disturbing, conservative management is offered as in our case, because of the self-limiting nature of the pathology.

References

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