

## Thrombosed Saphena Varix

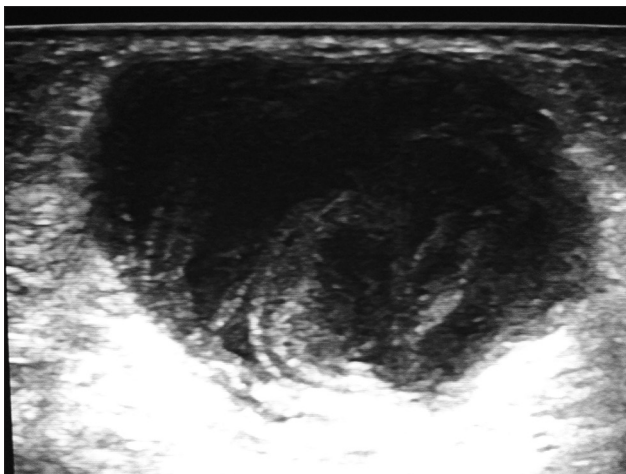
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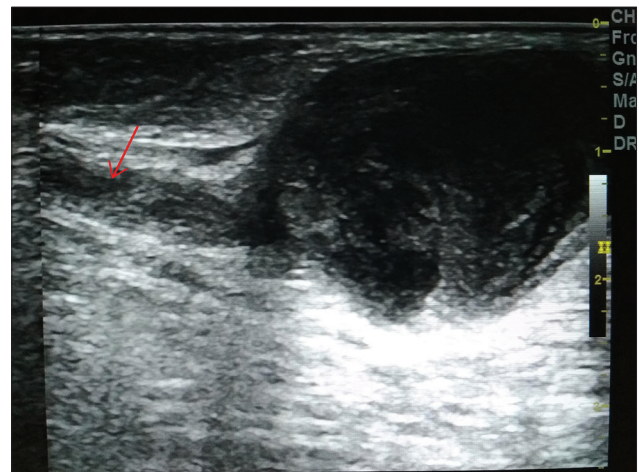
Dear Editor,

A 57-year-old female presented with a swelling in her right groin for the last 2 years. There was gradual increase in size of the swelling over 2 years. Currently, she presented with acute pain. The swelling reduced on lying down and increased on standing. It was an isolated groin swelling without evidence of associated great saphenous vein varicosity. On examination, there was a small, round swelling, 4 cm below and lateral to the right pubic tubercle, measuring around 6 cm × 5 cm, hard, tender, noncompressible, irreducible, and nonfluctuant. Cough impulse was negative. The overlying skin appeared to be normal. No associated signs of venous insufficiency in the form of varicosity, edema, pigmentation, ulcer, etc., were found. Diagnosis was confirmed by Duplex imaging which showed echogenic contents suggesting thrombosis within sacculcation of the terminal part of greater saphenous vein [Figures 1-3]. The saphena varix, a dilated saccular varicose swelling,

arises from the proximal end of the long saphenous vein. It presents as a reducible swelling in the groin situated in the femoral canal region. A cough impulse may be elicited and the swelling disappears when the patient lies down. The differential diagnosis for a nontender, fluctuant groin lump with a cough impulse is a hernia or a saphena varix.<sup>[1]</sup> The position of the swelling inferior and lateral to the pubic tubercle narrows the differential to a femoral hernia or saphena varix.<sup>[2]</sup> A history of deep vein thrombosis and examination findings of other venous varicosities in the leg adds further support to the diagnosis. Diagnosis can be confusing clinically, particularly if the varix is thrombosed, and presents as an “irreducible femoral hernia.”<sup>[3]</sup> Femoral hernia by far is the most common differential for saphena varix and is described as herniation of abdominal viscera through the femoral canal. An incarcerated femoral hernia often requires prompt operative management



**Figure 1:** A dilated saccular swelling at the proximal end of the great saphenous vein with echogenic contents within, suggesting saphena varix with thrombosis



**Figure 2:** Dilated and thrombosed great saphenous vein (arrow)

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Received: 27-02-2018 Accepted: 17-04-2018 Available Online: 19-03-2019

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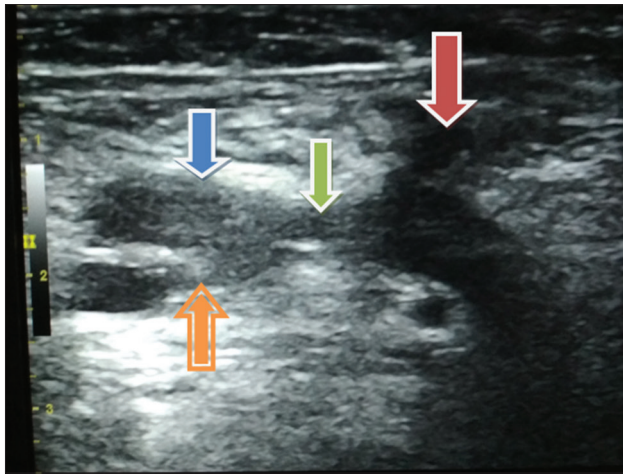
DOI:  
10.4103/JMU.JMU\_35\_18

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**How to cite this article:** Ravikanth R. Thrombosed Saphena Varix. J Med Ultrasound 2019;27:54-5.

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**Figure 3:** Echogenic thrombus extending from the saphena varix (red arrow) upto its junction (green arrow) with superficial femoral vein (orange arrow) and great saphenous vein (blue arrow)

to decrease the risk of bowel strangulation, perforation, and peritonitis. Thrombosed saphena varix has been rarely described in literature. Duplex ultrasound is a front-line imaging modality where clinical examination cannot diagnose a thrombosed saphena varix.<sup>[4]</sup> The surgical options available are stripping and ligation of the great saphenous vein, varicose vein ligation, phlebectomy, endovenous vein obliteration, and perforator vein surgery. Treatment of the saphena varix is surgical disconnection and ligation of the saphenofemoral

junction. Thrombosis of the saphena varix is rare and clinicians must keep the condition in mind when they encounter any puzzling groin swellings.

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

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