

Case Report

EVERY GROIN SWELLING IS NOT HERNIA: A RARE CASE REPORT OF ISOLATED SAPHENA VARIX

***Santhosh Laxman and Arun Kumar B.**

Department of General Surgery, ESIC Government Medical College, Gulbarga, Rajiv Gandhi University
of Health Sciences, Karnataka, India

**Author for Correspondence*

ABSTRACT

Patients often come to see the doctor with lumps in the groin area. These lumps can be quite difficult to diagnose just on the basis of examination findings alone, because they look clinically very similar. One such condition which is known to create such confusion is a Saphena Varix.

Keywords: Saphena Varix, Groin Swelling, Duplex Imaging

INTRODUCTION

Saphena varix is an abnormal dilatation of the distal part of the Great Saphenous Vein near its junction with femoral vein. It usually remains within 2 cm of Sapheno-Femoral Junction. Saphena varix is a rare groin swelling and is commonly associated with varicosity of the affected limb (Marle *et al.*, 2004). Duplex Imaging is the conclusive investigation. Sometimes, it is diagnosed intra operatively if the imaging is inconclusive. So, we are reporting such a rare case admitted in our institute.

CASES

A 27 year old lady presented with a swelling in her left groin since last four years. Initially the swelling was small as a peanut. It was gradually increasing in its size for last 04 years. 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 left pubic tubercle, measuring around 6cm×5cm in size, soft, Cystic, non tender and fluctuant. It was compressible and reducible. Cough impulse was positive. Overlying skin appeared to be normal. Inguinal lymph nodes were not palpable. No associated signs of venous insufficiency in the form of varicosity, oedema, pigmentation, ulcer etc were found. Diagnosis was confirmed by Duplex imaging which showed reflux through Sapheno Femoral Junction and sacculum of terminal part of Greater Saphenous Vein.



Figure 1: Saphena Varix –on Inspection

Case Report

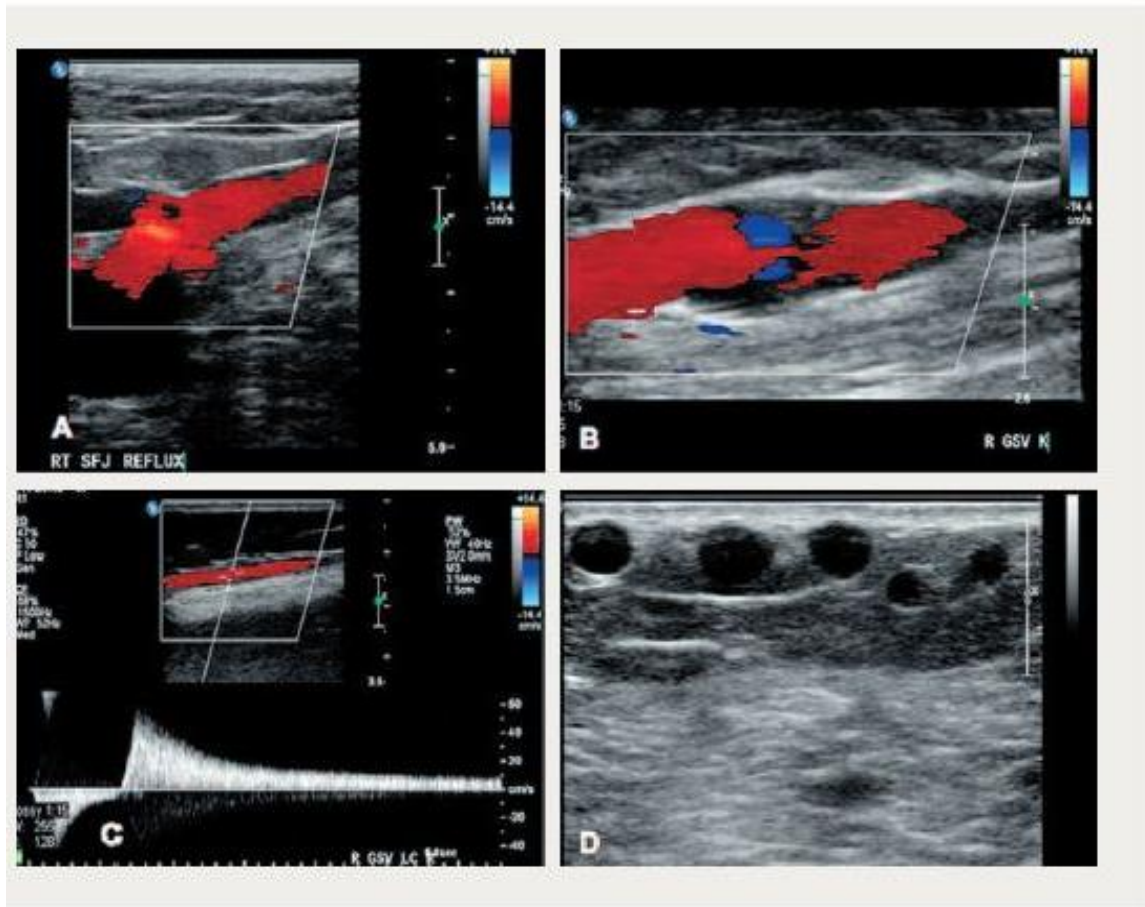


Figure 2: Colour Doppler Study

As a treatment with all aseptic precaution a transverse Incision was made 1.5 cm below and parallel to The left inguinal ligament. The single dilated tortuous vein was identified in continuation with sapheno femoral junction, and the terminal tributaries were seen to be draining into it. The varix was excised after flush ligation of Sapheno Femoral Junction. Haemostasis was ensured and wound was closed in layers. Postoperative period was uneventful. She was discharged from hospital on 5th post operative day.



Figure 3: Sapheno Femoral Junction with Terminal Tributeries Draining into the Saphena Varix

Case Report



Figure 4: Excision of the Varix in Flush with Sapheno Femoral Junction



Figure 5: Excision of the Specimen

DISCUSSION

Saphena varix is a benign lesion of the superficial venous system of the lower limb. There are two systems of venous drainage. It consists of superficial venous system and deep venous system in the lower limb. They are connected to each other by perforators (Rutherford, 2001). As Saphena varix is a rare clinical entity, a very few case report is found in publication in last 55 years. The clinical significance lies in its differentiation from other conditions that cause a groin mass (Bhuiyan *et al.*, 2009). This swelling presents for a prolonged period of time and may cause complications like bleeding, thrombosis, thrombophlebitis (Owen, 1990). Duplex imaging is investigation of choice as it defines the vascularity of saphena varix and differentiates it from other differential diagnosis of groin swelling (Ballard and Bergan, 2012).

Conclusion

Though Saphena varix is rare, clinicians must keep this condition in mind when they encounter with any puzzling groin swellings. Surgical management is rewarding.

REFERENCES

- Ballard JL and Bergan J (2012).** *Chronic Venous Insufficiency: Diagnosis and Treatment*, (Springer Science & Business Media, New York, USA) 135.
- Bhuiyan MBG, Fahim EH, Sadik BA, Hasan MM, Hakim E and Ahsan NAK (2009).** Management of Saphena Varix: A rare case in Surgical Practice. *Cardiovascular Journal* 1(2) 229-230
- Marle D *et al.*, (2004).** Varicose Vein. In: Harmovici (edition) *Vascular Surgery*. (USA, Massachusetts, Blackwell Publishing) 1060-1070.
- Owen TD (1990).** Thrombosed sapheno-varix: an important and unusual differential diagnosis of strangulated femoral hernia. *British Journal of Clinical Practice* 44 754.
- Rutherford RB (2001).** Varicose Vein. In: Cronenwett JL, Rutherford RB, (edition), *Decision Making in Vascular Surgery*. (USA, Pennsylvania, WB Saunders) 290-293.