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Unilateral anterior jugular phlebectasia

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Abstract
We present a rare case of unilateral anterior jugular venous phlebectasia in an 82-year-old female patient presenting as a soft cystic lump in the anterior aspect of the neck increasing in size during straining and valsalva manoeuvre. Although cases of internal and external jugular phlebectasia have been reported, as far as we are aware no case of anterior jugular phlebectasia has been reported in the literature previously.

Key words: Jugular veins; Phlebectasia

Introduction

Dilatation of the neck veins have been described in various terms such as phlebectasia, varicocele, venous ectasia, venous cysts and venous aneurysms. Several cases have been reported in the literature of unilateral and bilateral cases of both internal and external jugular phlebectasia (Lamonte *et al.*, 1976; Davis, 1982; Nwako *et al.*, 1989; Yokomori *et al.*, 1990; Walsh *et al.*, 1992). Phlebectasia of anterior jugular veins has not been reported in the literature. Although the most common cause of a mass in the neck which increases during straining and valsalva manoeuvre is a laryngocele (Nwako *et al.*, 1989), phlebectasia of the jugular veins should be considered in the differential diagnosis.

Case report

An 82-year-old Caucasian female patient presented to the ENT Clinic with a history of soft swelling in the right side of the neck which increased in size on straining and valsalva manoeuvre.

On examination there was a soft cystic swelling about 1.5 × 1 cm situated in the anterior aspect of the neck on the right side about 2 cm above the streno-clavicular joint. The swelling increased in size on exertion, speaking and during valsalva manoeuvre. The patient also had shortness of breath on exertion. There were no other symptoms or signs. ENT examination and examination of the rest of the neck were inconclusive. Soft tissue X-rays ruled out a laryngocele and a pharyngeal pouch was excluded by a barium swallow.

The diagnosis being uncertain, the lesion was explored under general anaesthetic. A dark purple saccular cystic swelling arising from the right anterior jugular vein was found. The size of the swelling was 13 × 10 × 8 mm (Figure 1). The swelling was excised completely and histological examination confirmed the

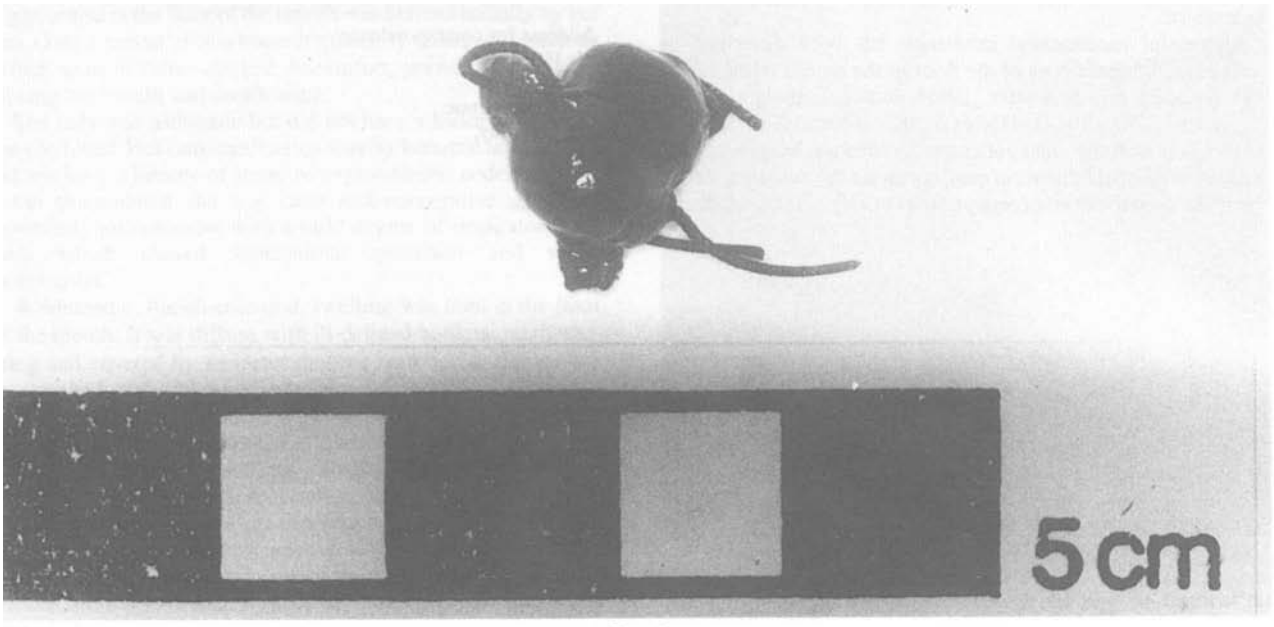

FIG. 1
The saccular swelling of the anterior jugular vein after surgical excision is shown.

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presence of a thin-walled venous sac filled with red blood cells consistent with a diagnosis of phlebectasia or varicocele.

Discussion

Anterior jugular venous phlebectasia are rare, although there are several reported cases of external and internal jugular phlebectasia. The exact aetiology of these lesions is uncertain. Several causes have been postulated for internal jugular phlebectasia e.g. congenital muscle defect within the wall of the vein (Yokomori *et al.*, 1990), mechanical obstruction in the neck or mediastinum (Nwako *et al.*, 1989) and increased scalenus muscle tone (Rowe, 1946). It is doubtful whether these factors play a part in anterior jugular phlebectasia. Internal jugular phlebectasia are common in children (Walsh *et al.*, 1992), but there is no such age predeliction reported for anterior jugular phlebectasia.

Laryngocele, pharyngeal pouch, branchial cysts and cavernous haemangiomas should be considered in the differential diagnosis. Doppler ultrasound is the preferred noninvasive method of investigation which should show an echo-free space which changes on valsalva manoeuvre (Walsh *et al.*, 1992). Surgical management of anterior jugular phlebectasia is much simpler when compared to that of internal jugular phlebectasia and usually simple surgical excision is all that is required.

A rare case of anterior jugular phlebectasia in the neck is reported in this paper. It should be considered in the differential diagnosis of all soft cystic neck swellings. As far as we are aware such a case has not been reported in the literature previously.

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