

CASE REPORT



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A Rare Case of Idiopathic Right Internal Jugular Venous Pseudoaneurysm

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Abstract

Venous pseudoaneurysms are rare when compared to arterial one. A 62-years-old female presented with 2 months history of swelling in the right side of the neck and fever since 2 months. In this case the specific cause was idiopathic, and incidence of such cases are very rare. An internal jugular venous aneurysm or pseudoaneurysm should be considered in the differential diagnosis of lateral neck mass

Keywords: Pseudoaneurysm; Aneurysm; Lateral neck swelling

Introduction

Venous pseudoaneurysms are rare when compared to arterial one^(1,2), in which pseudoaneurysms of cervical venous system are very rare⁽³⁾. This should be considered in the differential diagnosis of lateral neck mass. A female presented to our OPD with mildly tender, non-compressible swelling in the right side of neck which proved to be acquired infected internal jugular vein pseudoaneurysm.

Case Discussion

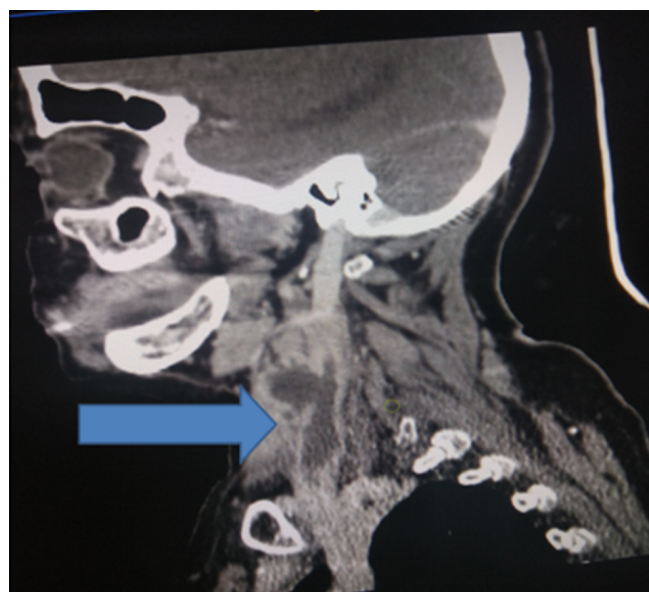
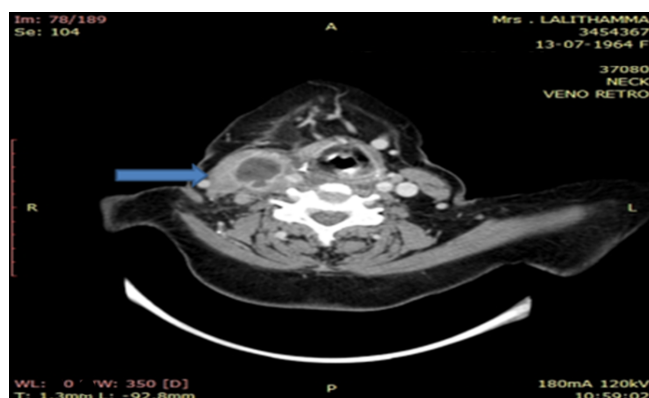
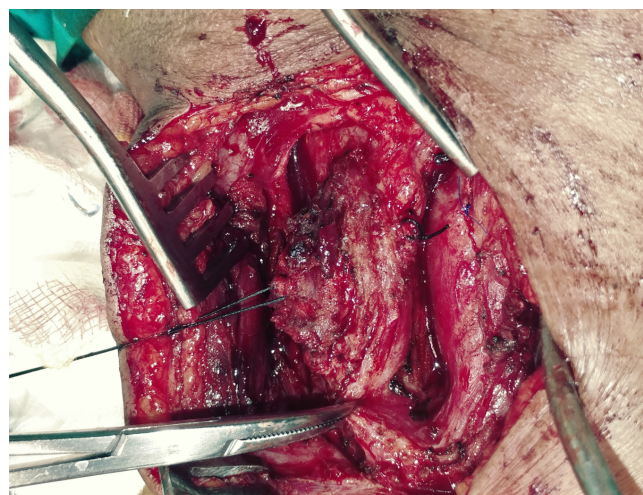
A 62-years-old female presented with 2 months history of swelling in the right side of the neck and fever since 2 months. Swelling was insidious in onset, gradually progressive in size. Fever was contin-

uous type, which was relieved on medication. Known case of systemic hypertension and on regular medication. No history of trauma, no history of neck vein cannulation.

On examination, non-pulsatile, right side neck mass, which doesn't move with deglutition was noted, size 9x5cm. On palpation: surface was smooth, no local rise of temperature, mild tenderness, non-compressibility noted.

Blood biochemical profiles were within normal limit. Neck ultrasound revealed right internal jugular vein thrombosis with breach in the wall, forming abscess measuring 2.2x1.2cm. Contrast-enhanced computed-tomography (CT) confirmed, right internal jugular vein pseudoaneurysm with thrombosis and abscess formation.

Patient underwent excision of right internal jugular vein; she recovered uneventfully and was discharged after suture removal. Histopathology report-features suggestive of resolving abscess.



Discussion

Aneurysm is defined as a solitary area of venous dilation containing all 3 layers of the vein wall, that communicates with a main venous structure by a single channel. A pseudoaneurysms /false aneurysm is when there is a breach in the vessel wall such that blood leaks through the wall, but it is contained by the adventitia or surrounding perivascular tissue⁽⁴⁾. Venous true or false aneurysm of the neck can be mistaken for lymph node enlargement and variety of cystic swellings such as cold-abscess, cystic hygroma, cavernous haemangioma, laryngocele or with arterial aneurysms.

Complications of these aneurysms include thrombosis, rupture, thrombophlebitis and pulmonary embolism although very rare. Doppler ultrasound is the first imaging technique performed because it is non-invasive and can differentiate vascular from non-vascular cause of neck swelling.⁽⁴⁾ These can be differentiated by CT scan or MR venography preoperatively for better planning for surgery. It shows extent of thrombosis and can more accurately demonstrate the size and extent of aneurysms.

Surgical excision is offered for either cosmetic reasons or a painful pseudoaneurysm secondary to thrombosis or phlebitis of the jugular venous system. Surgical resection also eliminates, the risk of aneurysmal rupture, pulmonary embolism⁽⁴⁾.

Conclusion

In this case specific cause was idiopathic, and incidence of such cases are very rare. An internal jugular venous aneurysm or pseudoaneurysm should be considered in the differential diagnosis of lateral neck mass.⁽⁵⁾ Fine needle aspiration cytology/biopsy should be avoided and should be done after proper evaluation for vascular causes of neck swelling. Surgical excision is offered for either cosmetic reasons

or a painful pseudoaneurysm secondary to thrombosis or phlebitis of the jugular venous system^(1,3).

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