Internal Jugular Vein Phlebectasia In Adult Patient: A Very Rare Finding

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Disclosure

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Introduction

- Non-tortuous dilation of the internal jugular vein (IJV), also known as phlebectasia, is significantly rare in adults.
- Unknown etiology; possibly:
  - Cervical injuries (e.g. trauma)
  - Positive pressure ventilation
  - Surgery
  - Tumors
- Commonly presents as a soft and painless mass in the neck (laterally).
- Doppler ultrasonography is the gold standard for diagnosis of phlebectasia.
Introduction

- Clinically, Valsalva maneuver is valuable to diagnose IJV phlebectasia.
- The main complications documented are thrombosis and Horner’s Syndrome.
- Treatment is not well defined, suggested approaches are either of the following:
  - Conservative (e.g. medication)
  - Surgery, which is usually reserved for cosmetic purposes or preventive therapy to avoid complications.
- Due to its benign course, observation is advised with regular monitoring.
We describe the case of a 39 year-old female patient with an internal jugular phlebectasia who presented to the emergency department referring a 3-week history of cervicalgia, asthenia, hyperalgesia, variable myalgia in left scapula and a 10% weight gain.

The patient denies loss of motor function. Neurophysiology studies were performed and a dilation of the IJV of 3 cm in diameter was incidentally found at the left side of the neck with displacement of the left common carotid artery.
Treatment

- Conservative therapy was advised due to the benign course of the anomaly.
- Analgesic and muscle relaxant therapy was initiated.
  - Buprenorphine
  - Pregabalin
Imaging

Images 1 & 2. CTA of supra-aortic vessels. AP view
Image 3. T2-weighted MRI images with midline sagittal view and axial cut through C5-C6 disc space.
Results

- Analgesic and muscle relaxant medications were prescribed obtaining favorable results.
- Surgical intervention was not advised due to the benign course of the anomaly.
- Information about the findings was provided to the patient and continuous follow-ups with ultrasonography and MRI was advised.
Summary Points

- IJP is an extremely rare anomaly among adults; it’s important to keep in mind symptoms like cervicalgia and neck swelling. The diagnosis is best made using cervical Doppler ultrasonography.
- Not enough evidence shows an adequate, safe, surgical treatment for IJP; a conservative approach is preferred.
- Future prospective multicenter studies state diagnostic and treatment options are necessary to develop guidelines on this vascular abnormality.