Isolated phlebectasia of the forearm

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ABSTRACT

Isolated forearm phlebectasia is noted for its extreme rarity. It may present as a painless cosmetic deformity or may cause pain, decreased range of movement, compression on adjacent structures, bleeding, thrombosis and consumptive coagulopathy. Surgery is indicated to prevent thrombosis, bleeding, coagulation disorder and to correct cosmetic deformities.

Key words: Consumptive coagulopathy, isolated phlebectasia of forearm vein, thrombosis, veinectasia

INTRODUCTION

Phlebectasia of the venous system of the upper limb is rare with no well-defined etiology. A case of Isolated phlebectasia of the forearm is being reported here.

CASE REPORT

A 20 year-old male presented with painless, intermittent swelling in the left forearm [Figure 1] which increased in size while in the dependent position and reduced in size on elevating the limb. The swelling was compressible, disappeared on pressing and could be completely emptied but refilled on releasing the pressure. The patient's parents noticed the swelling in his childhood. The swelling had grown progressively with age without any sudden increase in the recent past. However, the patient was not facing any difficulty or weakness while using that limb. Color Doppler [Figure 2] of the upper limb was done to rule out arteriovenous fistula and any communicating deep-vein perforators. Surgery was planned and a vertical 'S'-shaped incision was made to expose the veins. All distal and proximal veins entering the site were secured and the venous dilatation was dissected from below while looking for any deep venous or arterial communication [Figure 3]. There were no communications with deep veins or arteries. The isolated phlebectasia was removed and sent for histopathological examination, which reported no pathology other than dilatation and thinning of the walls. Postoperatively, the patient did not suffer any edema, numbness or recurrence.

DISCUSSION

Phlebectasia is isolated fusiform or saccular dilatation of veins without tortuosity. Venous malformations are rare among all vascular malformations and still rarer are veinectasias (phlebectasias). Venous vascular malformations span a wide spectrum, varying from isolated ectasia to voluminous lesions involving manifold tissues and organs. They are soft and compressible and show no alteration in skin temperature, thrill or bruits. They usually involve not only the skin, but also the underlying structures such as the muscles and fascia and are usually part of some other syndrome. Isolated phlebectasia of forearm is rare although in many patients, it involves the superior vena cava, portal, splenic, femoral, saphenous, facial and rarely the internal jugular veins. Isolated phlebectasia of the superficial venous system of the upper limb seems to be congenital in origin as its history usually dates back to childhood. Isolated phlebectasia may cause pain, decreased range of movement, compression on adjacent structures bleeding, thrombosis and consumptive coagulopathy and cosmetic deformity. Veinectasia is a type 4 venous malformation lesion according to the classification based on anatomy and hemodynamics for venous anomalies. Sclerotherapy can be offered in veinectasia.

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but there is risk of central embolization. Surgery is indicated even in symptomless patients to prevent bleeding, thrombosis, consumptive coagulopathy and cosmetic deformities. Although rare, the possibility of consumptive coagulopathy must be investigated prior to undertaking any invasive procedures.

REFERENCES