The author(s) have no conflicts of interest to disclose.

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Image Diagnosis: Classic External Jugular Vein Aneurysm

A 43-year-old man presented with 9 months of swelling over the left lateral aspect of the neck, which had progressively increased in size (Figure 1) and was associated with mild, intermittent discomfort. On physical examination, there was a 5-cm x 6-cm oval, nonpulsatile, compressible area of swelling in the left posterior triangle of the neck, which increased in size on straining, coughing, and Valsalva maneuver. There was no bruit or venous hum on auscultation. Results of ultrasonography of the neck revealed an outpouching (aneurysm) of 54 mm x 24 mm from the left external jugular vein (EJV). Results of computerized tomographic venography showed a left EJV aneurysm (56 x 27 x 46 mm) (Figure 2) along the lateral aspect of the neck, with dependent layering thrombus within the aneurysm. The patient wanted treatment because of the increase in size and mild discomfort associated with it. Under local anesthesia, ligation of the proximal and distal EJV was performed, and the aneurysm was excised. The postoperative period was uneventful, and the patient was discharged on the same day. He was asymptomatic, with no swelling in the neck at 3-month follow-up. Postoperative ultrasonography assessment confirmed no residual or recurrent venous aneurysm.

DISCUSSION

A jugular venous aneurysm most commonly involves the internal jugular vein, followed by the external and anterior jugular veins. It can be congenital, usually presenting by childhood with most commonly a fusiform configuration on the right side. A jugular venous saccular aneurysm can occur spontaneously too, and it also can occur rarely because of inflammation, trauma, and secondary to tumors. Venous aneurysms in adults are mostly acquired and they occur secondary to tumors. Venous aneurysms in rare cases can occur spontaneously too, and it also can occur because of inflammation, trauma, and secondary to tumors. Venous aneurysms in adults are mostly acquired and they occur secondary to tumors. Venous aneurysms in rare cases can occur spontaneously too, and it also can occur because of inflammation, trauma, and secondary to tumors. Venous aneurysms in adults are mostly acquired and they occur secondary to tumors. 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Ultrasonography can provide information regarding the solid or cystic nature of lesions, differentiate vascular lesions from nonvascular lesions, and identify the site of origin, but a computed tomography scan or magnetic resonance venogram may be necessary to know the exact extent and relationship to adjacent structures if treatment is planned. Asymptomatic aneurysms can be managed expectantly with regular follow-up, as no significant complication (rupture, mass effect) is associated with them. Surgical excision is considered mostly for cosmetic reasons or for a painful thrombosed aneurysm. An EJV saccular or fusiform aneurysm can be safely managed by ligation and excision. We managed our index patient with simple excision of the aneurysm, and the patient was doing well at 3-month follow-up.

Disclosure Statement
The author(s) have no conflicts of interest to disclose.

References

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