Case Report

Internal Jugular Vein Phlebectasia Presenting with Hoarseness of Voice

Sohini Chakraborty, Pranab Kumar Dey, Amrita Roy, Nilay Ranjan Bagchi, Debalina Sarkar, and Sumita Pal

Department of Paediatrics, Medical College, Kolkata, India

Correspondence should be addressed to Sohini Chakraborty; doctor.schakraborty@gmail.com

Received 24 August 2013; Accepted 24 September 2013

Academic Editors: N. Espinola-Zavaleta, A. Iyisoy, N. Kuriyama, and Y.-J. Wu

Copyright © 2013 Sohini Chakraborty et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Internal jugular phlebectasia presents as a soft cystic mass in the neck that appears on straining. We present a case of a 7-year-old girl who presented with a painless soft cystic mass in the neck associated with hoarseness of voice. Based on clinical examination and CT image, diagnosis of right internal jugular phlebectasia was made.

1. Introduction

Jugular vein phlebectasia (JVP) also known as venous congenital cyst, venous aneurysm, venous ectasia, or essential venous dilatation refers to a congenital fusiform or saccular dilatation of the jugular vein that appears as a soft, compressible mass in the neck on straining like coughing, crying, and sneezing or may be triggered by the Valsalva maneuver. The other possibilities of such a swelling include laryngocele, branchial cyst, cystic hygroma, cavernous hemangioma, and superior mediastinal mass [1]. Jugular vein phlebectasia usually presents on the right side, and most patients are children, boys being twice as more often affected as girls [2]. It is a benign condition and is usually asymptomatic [2]. The possible causes of JVP are gross anatomic abnormality, mechanical compression or trauma of vein, congenital structural defects, and idiopathic [3]. Phlebectasia has been reported in all neck veins internal jugular, external jugular, anterior jugular, and superficial communicants in order of decreasing frequency [2]. Absence of a wide mediastinum or air in the mass on simple chest films eliminates mediastinal tumor or laryngocele, respectively. Noninvasive methods of diagnosis include ultrasonography combined with Doppler flow imaging and spiral computerized tomography scan with contrast. Treatment is mainly conservative in cases where there are no symptoms or complications. Surgical treatment, usually done for aesthetic purposes, consists of excision of

dilated portion of the vein or unilateral excision of the vein. Thrombosis and Horner's syndrome are the reported complications [4].

2. Case Report

A 7-year-old girl presented to us with complaints of a painless swelling appearing in the neck on coughing or sneezing and disappearing at rest since last 1 year. It was gradual in onset and slowly progressive in nature. It was associated with hoarseness of voice for the same duration. However, there was no history of pain, fever, facial puffiness, difficulty in breathing, or swallowing. She had no history of trauma to the neck region or any previous neck infection. On physical examination, the child looked healthy. Otologic, rhinoscopic, and oropharyngeal examination revealed no abnormality. On initial examination of neck, no identifiable mass was seen. A 4 × 4 cm mass appeared on her right side of the neck on straining (Valsalva maneuver); the mass emerged from below the right sternocleidomastoid muscle and extended up to the right anterior triangle of the neck (Figure 1). The swelling was soft, cystic, and nontender; skin over nodes was normal. No bruit or pulsation over the swelling was present. The mass was not transilluminant. It was not possible to get below the swelling. Other systemic examinations were unremarkable. Chest X-ray did not show any mediastinal widening or any air in the region of the mass. Laryngoscopy was done which revealed

- [8] C. Uzun, O. Taskinalp, M. Koten, M. K. Adali, A. R. Karasalioglu, and G. Pekindil, "Phlebectasia of left anterior jugular vein," *Journal of Laryngology and Otology*, vol. 113, no. 9, pp. 858–860, 1999.
- [9] E. Balik, A. Erdener, C. Taneli, A. Mevsim, A. Sayan, and G. Yuce, "Jugular phlebectasia in children," *European Journal of Pediatric Surgery*, vol. 3, no. 1, pp. 46–47, 1993.
- [10] M. Shimizu, Y. Takagi, H. Yoshio, R. Takeda, and O. Matsui, "Usefulness of ultrasonography and Doppler color flow imaging in the diagnosis of internal jugular phlebectasia," *Heart and Vessels*, vol. 7, no. 2, pp. 95–98, 1992.