

Superficial Vein Thrombophlebitis with a Large Haematoma in a Varicose Vein: An Unusual Presentation

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Abstract: Superficial vein thrombophlebitis is a common association with varicose vein. However it may rarely present with venous haemorrhage due to rupture of varicose vein leading to life threatening complication. A 56 years old male patient presented in our hospital with pain and swelling Right lower limb and a large haematoma near right Knee. USG suggested superficial thrombophlebitis of great saphenous vein with huge haematoma. Risk of further bleeding prompted the decision to surgically remove the haematoma and stripping of great saphenous vein. This is a rare presentation associated with varicose veins.

Keywords: Varicose vein, superficial thrombophlebitis, Fatal haemorrhage

I. Introduction

Acute superficial thrombophlebitis is a common vascular disease which is usually expected to run a 'benign' clinical course [1]. Superficial vein thrombophlebitis (SVTP) is characterized by a large thrombus in a varicose vein and a modest inflammatory process localized in the vessel surrounding but not in its wall. Rarely, SVTP affects a non-varicose vein. Abundant intima proliferation and media fibrosis with non-important thrombosis are the hallmark of this form which may be associated with a systemic disease.[2] severe varicosities may lead to major complications including edema, dermatitis, ulceration and severe bleeding [3] Cases where significant hemorrhage takes place may simulate arterial bleeding and represent medical emergencies and may lead to death if not treated immediately [4].

II. Case Summary

A 56 years old male patient was brought to the RIMS central emergency with complaints of pain and swelling right Lower limb of 4 days duration. He had no significant medical history apart from varicosity of right Leg veins for past 3 years. He was a smoker and non-alcoholic. The patient had not experienced haemoptysis, chest pain or shortness of breath and the findings on physical examination, electrocardiography and chest radiography were unremarkable. He was afebrile and hypotensive with tachycardia. His tongue was dry. His right calf had 3cm greater diameter than left calf with huge heamatoma near medial side of right knee with erythema of overlying skin. He was resuscitated with IV Fluids and USG was done which showed superficial thrombophlebitis without deep vein thrombosis. After recovery patient was planned for elective surgery. Around 300 ml of clotted blood was evacuated from haematoma. Flush ligation with Great saphenous vein stripping was done. Post operative period was uneventful and patient was discharged.

III. Discussion

Skin edema, pigmentation and ulceration are common complications of varicose veins. Life threatening venous haemorrhage can occur spontaneously or after minor trauma from varicose veins. Two cases of fatal varicose vein rupture were reported by E Doberentz et al[5]. Similarly Garyfalia ampanozi et al reported three cases of sudden death due to varicose vein rupture.[6] Prompt first aid could have saved the life of these patients as is shown in our case. After primary resuscitation elective surgery should be planned as early as possible for the fear of rebleed. Currently sapheno-femoral ligation, long saphenous veins stripping and multiple stab avulsions remain the gold standard for treatment of varicose veins with sapheno-femoral incompetence and long saphenous vein reflux.[7]

IV. Conclusion

Varicose veins are a common pathology but fatal haemorrhage warranting emergency admission are rarity in day to day surgical practice. Loss of life due to such cause should not be acceptable. This necessitates the role of health education and warning symptoms to be given to such patients by surgeons. This case report along with other cases in literature restate that varicosities if taken lightly may indeed become dangerous and hence require proper and timely management.

References

- Markovic MD, Lotina SI, Davidovic LB, *et al.* Acute superficial thrombophlebitis: modern diagnosis and therapy. *Srp Arch Celok Lek* 1997;125: 261-6. [PubMed]
- Blättler W, Schwarzenbach B, Largiadèr J. Superficial vein thrombophlebitis--serious concern or much ado about little? *Vasa*. 2008 Feb;37(1):31-8.
- Byard RW, Gilbert JD: The incidence and characteristic features of fatal hemorrhage due to ruptured varicose veins. A 10-year autopsy study. *Am J Forensic Med Pathol* 2007, **28**:299-302.
- Hejna P: A case of fatal spontaneous varicose vein rupture – an example of incorrect first aid. *J Forensic Sci* 2009, **54**:1146-1148.
- E. Doberentz, L. Hagemeyer, C. Veit, B. Madea, Unattended fatal haemorrhage due to spontaneous peripheral varicose vein rupture—Two case reports, *Forensic Science International*, Volume 206, Issues 1–3, 20 March 2011, Pages e12-e16
- Garyfalia Ampanozi, Ulrich Preiss, Gary M. Hatch, Wolf Dieter Zech, Thomas Ketterer, Stephan Bolliger, Michael J. Thali, Thomas D. Ruder, Fatal lower extremity varicose vein rupture, *Legal Medicine*, Volume 13, Issue 2, March 2011, Pages 87-90
- R.J. Beale, M.J. Gough Treatment Options for Primary Varicose Veins—A Review *European journal of vascular and endovascular surgery* : the official journal of the European Society for Vascular Surgery 1 July 2005 (volume 30 issue 1 Pages 83-95 DOI: 10.1016/j.ejvs.2005.02.023)

