Saphena Varix: An Uncommon Condition Easily Mistaken for Reducible Hernia in the Evaluation of Groin Masses

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Introduction

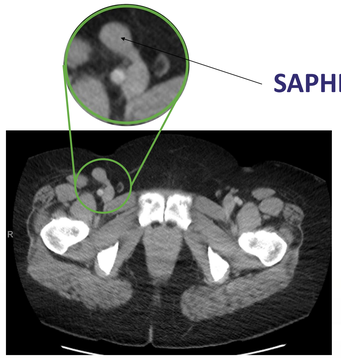
- The high frequency of surgical referrals for evaluation of groin swelling demands review of differential diagnoses that mimic inguinal or femoral hernias, to include a Saphena varix.

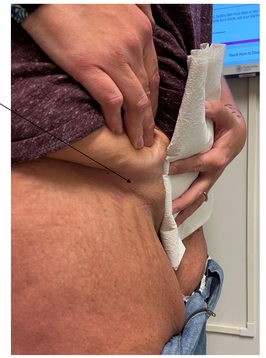
Patient Presentation

- 41-year-old female with 2-month history of right groin pulling sensation, swelling, pain, and constipation.
- Referred for evaluation of unilateral groin swelling felt to be lymphadenopathy.
- On examination, the patient had a soft, compressible but not reducible lump in the medial thigh below the inguinal ligament.
- This reliably recurred upon standing and resolved when lying flat.
- Varicose veins were noted in the ipsilateral calf and distal thigh.









Clinical Course

- Patient was taken to the operating room for laparoscopic TAPP right hernia repair suspecting inguinal or femoral hernia.
- A small direct inguinal hernia was identified and repaired with mesh. No femoral hernia was appreciated.
- The exposed portion of the femoral vein appeared normal.
- At 2-week follow-up, the patient's pain and bulging at this site persisted without improvement. CT imaging from 2 years prior was reviewed (above) noting the Saphena varix.
- The patient was referred to a vein specialist who performed endovenous laser therapy of the GSV for a length of 16cm to within 1.5cm of the saphenofemoral junction.
- 3-months following laser ablation, the patient reported no complications but also no noticeable improvement in symptoms.

Discussion

- Saphena varix is a rare isolated distention of the Great Saphenous Vein occurring within 2cm below the saphenofemoral junction (a connection of the superficial and deep venous systems) in patients with incompetence of the junction.
- Saphena varix often presents with prominent varicose veins of the ipsilateral limb. Of 5 case reports readily available for review, all describe it reducing when lying flat and distending with standing.[1-5]
- Saphena varix may rarely go on to thrombose resulting in a firm and painful swelling with possible overlying skin changes, mimicking an incarcerated femoral hernia.
- While examination findings may differentiate other non-hernia causes such as inguinal lymphadenopathy or femoral aneurysms, significant overlap in exam findings exists.
- When in doubt, duplex ultrasound imaging is an affordable and accessible diagnostic. In Saphena varix, reflux into the superficial venous system via the saphenofemoral junction is confirmatory. Lymphadenopathy and femoral artery aneurysm, two other relevant non-hernia diagnoses, are also diagnosed with duplex.
- Treatment of Saphena varix is nonoperative, but definitive management is recommended once symptomatic.[6] Options include stripping of the saphenous vein with ligation of the saphenofemoral junction or ablation techniques including endovenous laser therapy or sclerotherapy.

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