

Clinical Image

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Congenital jugular vein phlebectasia: Benign vascular malformation**Isabel Coelho***; Francisca Manoel; Carlota Lopes; José Maria Lupi; Susana Gomes

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Abstract

Jugular Vein Phlebectasia is a benign cause for cervical mass in pediatric patients. Usually asymptomatic and of idiopathic origin it can be diagnosed with ultrasound. Conservative treatment is usually advised if no symptoms or psychological concerns are present. Although rare, its benign course warrants knowledge to avoid unnecessary interventions.

Keywords: Vascular malformation; Jugular veins; Congenital abnormalities; Ultrasonography.

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Clinical presentation

A 3-year-old boy with no significant past medical history presented to the emergency department for evaluation of acute nasopharyngitis. On observation, a pulsatile left lateral cervical mass was noted (Figure 1). The boy's mother reported the presence of this mass since birth, with no associated symptoms or history of recurrent infections, trauma or previous surgery.

On further examination a compressible mass with visible pulsatility was observed. There was no palpable pulse, thrill, or audible bruit. The mass exhibited engorgement while speaking or other Valsalva maneuvers. A cervical vascular ultrasound demonstrated fusiform dilation of the internal jugular vein with no luminal thrombus, compressible throughout the neck extension (Figure 2). Normal contralateral exam. Transthoracic echocardiography, performed to exclude associated venous anomalies, was unremarkable.

Discussion

Jugular vein phlebectasia is a rare congenital anomaly characterized by isolated fusiform dilation of a venous segment [1]. It can alternatively occur after iatrogenic actions, as vascular catheterization or neck surgery, or trauma, inflammation or degenerative disease [3]. It is often asymptomatic and discovered incidentally but warrants differentiation from other cervical masses, such as laryngoceles, lymphatic malformations, hemangioma or superior mediastinal tumors (e.g., cystic hygromas) [1,2]. Imaging studies, particularly ultrasonography, are essential for accurate diagnosis and treatment decision [3].

Conservative approach is the norm, leaving surgical intervention for symptomatic cases or those with significant cosmetic or psychological concerns [3]. Misdiagnosis can lead to unnecessary invasive investigations or treatments, emphasizing the need for awareness of this benign condition among clinicians.

This case underscores the importance of recognizing jugular vein ectasia as a rare but benign entity. Prompt identification through clinical evaluation and imaging can prevent misdiagnosis and reassure caregivers of its non-threatening nature.

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Figure 1: Enlarged mass while speaking



Figure 2: Lateral neck ultrasound with dilated internal jugular vein.

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