

# Abdominal Varicosities Due to Unilateral Common and External Iliac Vein Occlusion Five Decades Post-Injury

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## Introduction

Pelvic traumatic venous injuries often require ligation and may be associated with sequelae of chronic venous insufficiency (edema, pigmentation, ulceration), and compartment syndrome in the acute setting

## Patient Presentation

**CC:** soft, distensible anterior abdominal masses

**HPI:**

- 70M Korean war veteran
- Penetrating injury 1974 from mortar explosion requiring exploratory laparotomy
- Onset 20 years after initial injury

**PE:**

- Midline grouping of suprapubic varicose veins, soft and compressible, no tenderness, no scrotal varices
- Asymptomatic: without edema, pigmentation, or ulceration
- Pedal pulses were palpable bilaterally

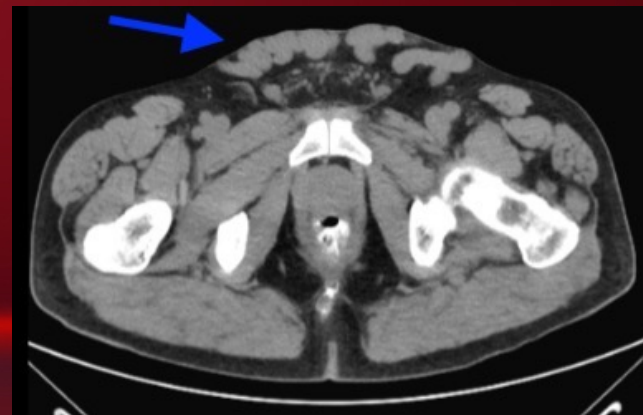


\*Representative only, not of actual patient

## Imaging:

Abdominal and LE Duplex: Occlusion of left common and external iliac veins. Transverse suprapubic varicose veins arising from the left saphenofemoral junction and draining via the right saphenofemoral junction. The remainder of the left LE venous anatomy was patent and the valves were competent.

CT: Extensive tubular structures in anterior abdominal wall (blue arrow)



## Treatment

- Habitual use of compression garment
- Patient counseled on risk of hemorrhage especially in setting of any potential future surgical interventions involving the lower abdomen (e.g. inguinal hernia repair, laparotomy)
- Damage to collaterals may precipitate venous insufficiency

## Discussion/Highlights



Collateralization in the setting of occlusion<sup>2</sup>

Initial Management: ligation vs repair

- Magee et al: higher mortality for ligation in patients with isolated iliac vein injury<sup>3</sup>

This case highlights evolution of traumatic injury over course of 5 decades

## References:

1. Image sourced from Whiteley, M. (2018, September 20). Swollen leg from pelvic vein blockage. The Whiteley Clinic. Retrieved January 26, 2023, from <https://thewhiteleyclinic.co.uk/interesting-cases/swollen-leg-from-pelvic-vein-blockage/>
2. Image sourced from Raju S, McAllister S, Neglen P. Recanalization of totally occluded iliac and adjacent venous segments. J Vasc Surg. 2002 Nov;36(5):903-11. doi: 10.1067/mva.2002.128635. PMID: 12422099.
3. Magee GA, Cho J, Matsushima K, Strumwasser A, Inaba K, Jazaeri O, Fox CJ, Demetriades D. Isolated iliac vascular injuries and outcome of repair versus ligation of isolated iliac vein injury. J Vasc Surg. 2018 Jan;67(1):254-261. doi: 10.1016/j.jvs.2017.07.107. PMID: 29268917.

