Introduction

15 months old Boy, with a mass protruding from the left side of the neck. Clinical examination did not reveal any significant findings. There was no history of injury, puncture, or infection. Laboratory tests did not reveal any abnormal values. U/S of the Neck, CT of head, neck, chest, abdomen and pelvis were performed as well as a cardiac ECHO, with no other abnormal findings or vascular abnormalities.

Operative findings

The incision we chose, was a left longitudinal cervical. A large aneurysm measuring 7cm by 5cm, originating from the left internal jugular vein, was seen. The external jugular vein was unaffected, and there was a small lymph node overlying the aneurysm, which we completely dissected free. There was one venous tributary, which was joining the aneurysm. We doubly ligated, above and below the junction with the left subclavian, and the aneurysm was completely excised and sent for histopathology. The patient was extubated in theatre and was send to HDU. He was discharged on day 2 post operatively. The histology report showed that the aneurysm, contained clotted blood, and the wall exhibited mild intimal fibrosis, with clear resection margins.

DISCUSSION

Jugular aneurysm are extremely rare conditions, especially in the paediatric population. From review of the literature, the treatment options include, conservative management, interventional procedures, surgery, and hybrid procedures. There has been reports of increased incidence of thrombosis and resulting thromboembolic phenomena, compression of surrounding structures and also bleeding. Our MDT meeting involved the teams from cardiology and interventional radiology. We proceeded with the decision to offer surgery due to progressive enlargement.