

IMAGE

An Unexpected Addition

A 50 year old woman, with a history of hysterectomy due to a rare benign tumour, described orthostatic symptoms specifically located in the lateral gastrocnemius muscle of her left lower limb. On examination, she had distal pulses and telangiectasia on the lateral side of her left distal thigh and proximal leg. An ultrasound scan showed a 1.5 cm, elongated and tortuous venous dilation in the popliteal fossa, with no thrombus and no reflux, and a normal superficial venous system. MRI revealed an isolated persistent complete left sciatic vein with 1.5 cm dilation in its anastomosis with the popliteal vein (Figure). The rest of the deep and the superficial venous systems were normal. Management was conservative with elastic compression for symptom relief.

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