ORIGINAL RESEARCH PAPER
Volume - 10 | Issue - 04 | April - 2021 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

CASE REPORT OF RARE PRESENTATION OF DOUBLE AXILLARY VEIN IN MODIFIED RADICAL MASTECTOMY

General Surgery

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KEYWORDS

Double axillary vein, Modified Radical Mastectomy

CASE REPORT

62yr old female, known diabetic and hypertension, Post CABG presented with hard, mobile, swelling of size 2×3 cm in upper outer quadrant with Right axillary lymph node enlargement size 1×1 cm diagnosed as Right breast cancer with lymph node enlargement.

FNAC of Swelling over right breast shows smear positive for malignancy, Ductal carcinoma of Right breast

Intraop findings

Patient underwent Right modified radical mastectomy under general anaesthesia.

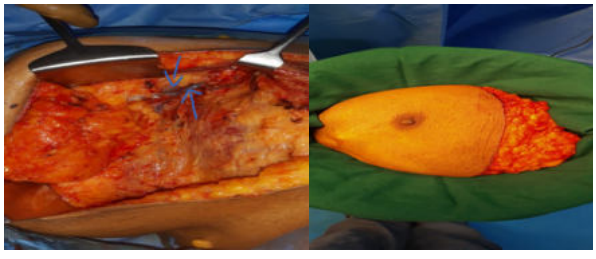
Intraop findings during axillary dissection, Double axillary vein was found.

Histopathology

Histopathology of specimen shows Invasive carcinoma of breast with medullary features (T2N1aMx)
ER, PR, HER2-neu – Negative

Postoperative

On Pod 21 Patient started on chemotherapy (Cyclophospamide, Adriamycin, 5- Flurouracil)



DISCUSSION

Axillary vein formed by union of Brachial and Basilic vein, origin at lower margin of Teres major muscle ascend medially through axilla towards the first rib, where continued by Subclavian vein.

The enlarged axillary vein might put pressure on the axillary artery or the branches of the brachial plexus or even can get damaged during surgery of the axilla.

Penetration of axillary vein by medial cutaneous nerve of Forearm has been reported by Roy and Sharma.

Kutiyanawala et al reported a double axillary vein and muscular slips crossing axillary vein in the axilla

CONCLUSION

The knowledge of axillary vein variations useful in axillary surgery and Brachial plexus Anaesthesia.

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