

VENOUS ANATOMY OF SCARPA TRIANGLE

(G. Genovese)

Long saphenous vein's collaterals of arch are:

- The two external pudic veins
- Superficial iliac circumflex vein
- Superficial epigastric vein (fig. 21)
- Medial accessory saphenous vein
- Lateral saphenous vein.

Approximately in 75% of cases collaterals join saphenous arch, in the remaining 25% of cases they may join directly femoral vein or ahead or in the back of the angle of the saphenous-femoral cross, or join an accessory saphenous vein; or they may unite in one trunk which join saphenous arch (Fig. 22).

In the internal angle of saphenous-femoral junctions inferior external pudic artery (some times above the saphenous arch) reaches scrotum (in male) or great labium (in female).

External pudic veins drain scrotum territory (originating from anterior scrotal veins) or great labium territory (from anterior labial veins), and from pubis;



Fig. 21

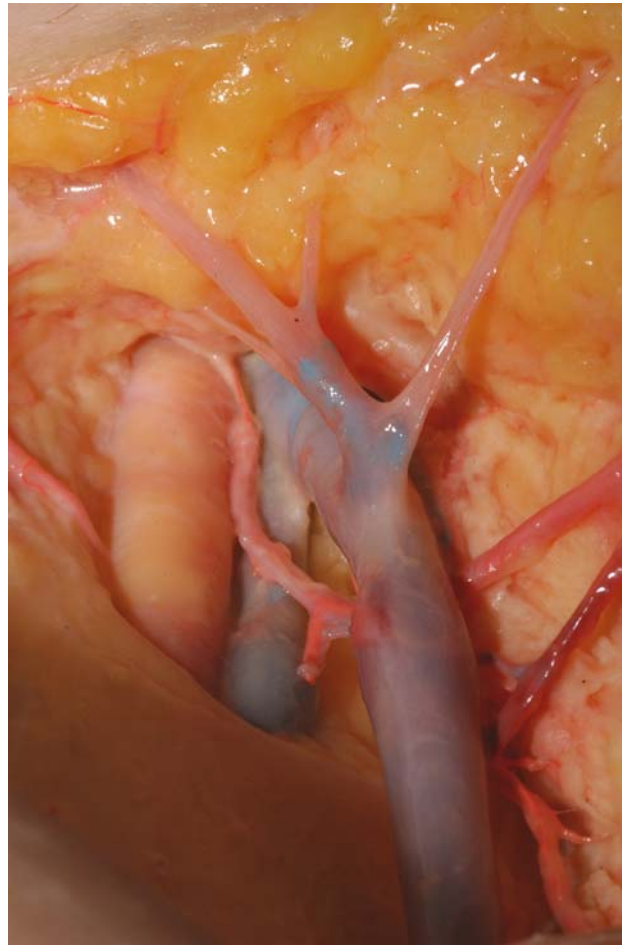


Fig. 22

They often communicate with pudic veins of opposite side, superficial perineal veins, penis or clitoris dorsal subcutaneous dorsal vein, external spermatic vein, round ligament vein, abdominal subcutaneous veins, and then they join saphenous arch (Fig.21).

Superficial iliac circumflex vein, passing along iliac crest, drains trochanteric region, receiving blood from abdominal wall and from buttock; it may directly join femoral vein.

Thoracic-epigastric vein, which may be double also, originates from the confluence of paraumbelical vessels and from those of the half inferior of the abdominal wall; then going on anterior-lateral wall of trunk joins upper in lateral thoracic vein (tributary of axillary vein) and lower the arch of long saphenous vein or directly femoral veins as superficial epigastric vein.

Descending branch of thoracic epigastric vein (superficial epigastric) is a real outflow canal which drains abdomen subcutaneous veins and through paraumbelical veins net, it serves as communicating vein with portal system: in case of portal hypertension, venous outflow may invert its direction and allow part of hepatic blood to go in superficial veins and then in the outflow descending canal, which necessarily must flow in femoral vein directly or through long saphenous arch.

Observation outlined in this chapter about collaterals of saphenous-femoral junctions drove our school to save superior collaterals: superficial iliac circumflex and above all superficial epigastric vein.

In fact these are descending outflow canals, favourite by gravity (but not inferior collaterals); An eventual future portal hypertension may use the communications with common femoral veins through the saved superficial epigastric vein (anatomical and hemodynamic purpose). This conviction suggests the performing of *hemodynamic selective crosssectomy*.

The acute beginning of a phlebostatic ulcer is a further question: numerous anatomical dissections confirm etiopathogenic hypothesis explained in this chapter.

Prof. Genovese Giuseppe

Bibliografia

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