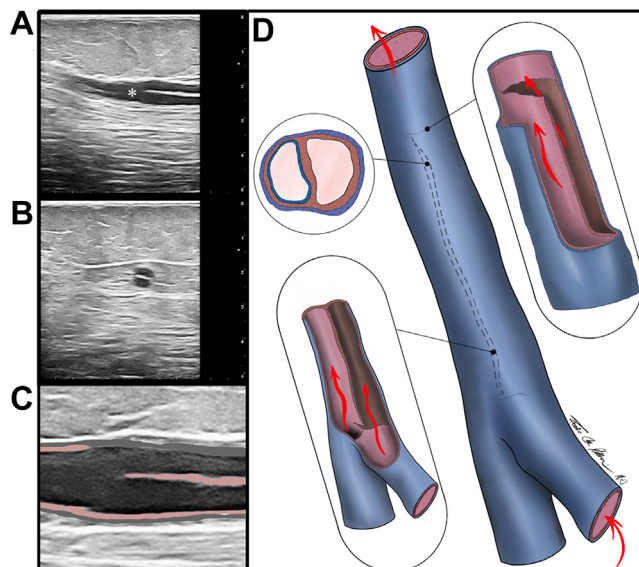


Great saphenous vein idiopathic dissection



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A 74-year-old woman presented with mild, asymptomatic chronic venous disease, C2aEpAsPr according to the Clinical (C), Etiological (E), Anatomical (A), and Pathophysiological (P) classification, mostly in the left lower limb. Her medical history revealed neither previous venous procedures nor recent lower extremity traumas, and no previous episodes of deep or superficial venous thrombosis were reported. The patient provided written informed consent for the report of her case details and imaging studies. An ultrasound examination showed no venous disease on the right and no signs of thrombosis on either side. On the left, a great saphenous vein dissection (GSV-D) was found (A-D/Cover; [Supplementary Video](#), online only). The GSV-D seemed to start at the upper third of the thigh with an entry tear (A, *asterisk*), creating a brief "retrograde" dissection segment and two lumens (B), continuing down for ~15 cm, and finishing with a saphenous varicose thigh collateral vessel. With a Valsalva maneuver and calf squeezing, both lumens appeared patent ([Supplementary Video](#), online only). It was challenging to highlight the true and false lumens, although the upper/superficial lumen appeared to have no tunica intima (C, *pink*), indicating a possible dissection point.



After 6 months of follow-up, no modifications were detected in terms of the symptoms or signs, varicose vein worsening, or thrombus occurrence. The patient was invited to an annual follow-up visit with an ultrasound examination. Because of the lack of symptoms and severe venous disease, no further investigations were required.

GSV-D is an uncommon complication during or after bypass vein grafting,¹ vein cannulation for fistulas,² and after central venous catheterization.³ GSV-D can be treated conservatively, unless a bypass vein graft is affected. Idiopathic GSV-D has not yet been described in the literature.

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