

VENA SAPHENA MAGNA – PECULIARITIES OF ORIGIN, TRAJECTORY AND DRAINAGE

Bendelic Anastasia, Catereniuc Iliia

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Introduction. Vena saphena magna (VSM) - one of the two superficial venous collectors of the lower limb, the longest vein of the human body, is often accompanied by parallel veins, of which clinical significance may be different.

Keywords: great saphenous vein, accessory saphenous veins.

Purpose. To investigate the individual anatomical variability of the VSM, on macroscopic aspect, in cadavers, of which variability is important to the vascular surgeon and / or for cardiac surgeon.



Fig.1. Double venous arch of the foot (*arrows*).



Fig.2. Solitary VSM (A), double VSM (B) and accompanied by accessory saphenous veins (C).

Material and methods. This study was conducted on 22 formolized lower limbs using classical dissection methods. The observed anatomical variants were recorded and photographed.

Results. The dorsal venous arch of the foot, the origin of the VSM, was double in 2 cases (9.1%), and it was absent in one case (4.55%), thus two dorsal metatarsal veins continued proximally with two medial marginal veins. In the leg, VSM was double in one case (4.55%), and in other 14 cases (63.63%) it was accompanied by accessory saphenous veins. In the thigh, it was double in 3 cases (13.6%), and in 10 cases (45.5%) it was accompanied by accessory saphenous veins. The saphenofemoral junction was located at 4.23 ± 0.64 cm distance from the pubic tubercle; at 12.25 ± 1.1 cm away from the anterior superior iliac spine, and at 4.3 ± 0.65 below the middle of the inguinal ligament.

Conclusions. The anatomical variability of the VSM includes its duplicity and/or presence of the accessory saphenous veins. The dorsal venous arch may be double or absent. The saphenofemoral junction is relatively fixed in relation to the neighboring bone landmarks.