Variant anatomy of the external jugular vein is important when performing invasive procedures in the neck. Although there are a number of case reports on some of these variations, there are few descriptive cross-sectional regarding the same. This study therefore aimed at describing the variant anatomy of the external jugular vein as seen in a sample Kenyan population. One hundred and six (106) sides of the neck from 53 cadaveric specimens (70 males and 36 females) in the Department of Human Anatomy, University of Nairobi, Kenya, were used. Pattern and level of formation, course, communications and termination were studied by dissection. The vein was absent in 14.2% of cases, all males. It was formed within the substance of the parotid gland in 44%, and did not receive posterior auricular vein in 6.6%. Variant communications noted included facial vein, internal jugular, and a presence of a large anastomotic vein connecting it to the anterior jugular. It was duplicated in 2.2% cases and terminated into internal jugular vein in 7.7% of cases. The most common variations were in origin, course, communications and termination. These may limit its clinical utilization, and their awareness is important when considering the vein for any invasive procedure. This may avoid unnecessary time wastage and complications of device malposition.