

Tromboflebitis de presentación inusual

Unusual thrombophlebitis presentation

Sandra Cunha¹, Tiago C.L. Macedo¹, Andreia Pereira², Ana Leon-Mota¹

¹ Unidade de Saúde Familiar. Trevim Sol (Portugal)

² Unidade de Saúde Familiar. Serra da Lousã (Portugal)

ABSTRACT

Mondor's disease is a superficial thrombophlebitis of the thoracic wall. In most cases the aetiology is unknown, although some risk factors have been described. It is a rare, benign condition, with spontaneous resolution occurring in 6 weeks to 6 months, and no treatment apart from observation is required. Raising awareness of the existence of Mondor's disease is important for its diagnosis.

Keywords: Thrombophlebitis, Mondor's Disease, Breast.

Palabras clave: Tromboflebitis, Enfermedad de Mondor, Mama.

INTRODUCTION

Mondor's Disease is a rare benign breast condition, characterized by thrombophlebitis of the superficial veins of the thoracoabdominal wall¹. We report a case of a female patient diagnosed with Mondor's Disease. The case highlights the importance of understanding the epidemiology, etiology, pathophysiology, symptomatology, diagnosis, management, and prognosis of MD, as an association with breast cancer has been reported¹.

CASE REPORT

A 35-year-old Caucasian woman presented with a 3-day history of breast pain and linear induration on self-examination. She denied other signs, symptoms or a history of trauma. The patient had no chronic medication, and was a non-smoker and non-drinker. She reported personal history of previous thrombophlebitis but no history of breast surgery or family history of breast cancer or known thrombophilia.

A physical examination revealed a tender subcutaneous linear cord-like induration of the upper outer quadrant of the breast with a slight skin retraction with mobilization of the upper extremity (Figure 1), without other chest wall alterations. No palpable axillary, supraclavicular or laterocervical adenopathies. This unique change is consistent with the clinical finding of Mondor's disease and an ultrasonography was performed confirming the diagnosis.

She was treated conservatively, with nonsteroidal inflammatory drugs and maintained clinical surveillance. Improvement was seen in both clinical findings and symptoms over the course of a few weeks. The patient was referred to the Hematology Service for complementary study.

DISCUSSION

Mondor's disease was first reported by Fagge in 1869 and subsequently characterized by the French surgeon Henry Mondor in 1993^{1,3}.

Studies report incidence ranges from 0,5% to 0,8%, with usual age of presentation between 30 and 60 years and gender-related differences, with women affected three times more than men^{1,2}. However the incidence may be underrated since most of the studies included symptomatic patients, and most of asymptomatic patients refrain from seeking medical attention¹.

The etiology is unclear, although it has been associated with traumatic injuries or breast surgical intervention such as infection, rheumatic arthritis, breast biopsy, mammoplasties, mastectomies, and rarely with breast cancer³.

Though, typically Mondor's disease is located to the thoracoabdominal wall, various locations have been described (penis, axilla)⁴. Typical symptoms include pain and skin retraction at the site of the affected vase and appearance of a palpable thickened fibrotic cord-like induration in the subcutaneous tissues².

It is an uncommon condition, benign and self-limited disease², that resolves spontaneously in two to ten weeks from onset, without any specific treatment³. Usually, patients are treated conservatively and symptomatic with anti-inflammatory and analgesic drugs for pain. Antibiotics and anticoagulants are not indicated.



Figure 1. Photograph showing a transverse cutaneous furrow on the external quadrant of a breast, an expression of Mondor's disease.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest in this work.

SOURCE OF FUNDING

This research had no funding sources.

ETHICAL ASPECTS

All participants submitted a consent form to be included in this study.

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