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## Mondor's disease of the breast: A case report

### Memenin Mondor hastalığı: Olgu sunumu

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#### Abstract

Mondor's disease is sclerosing thrombophlebitis at anterior chest wall. It was first described by Henri Mondor in 1939. Despite the use of antibiotics, steroids, anticoagulants, no significant benefit was found. Symptomatic measures are sufficient for treatment. Mondor's disease is a self-limiting disease. Improvement is seen between 3 weeks and 6 months. In these cases, investigations should be done for hidden cancers in other region of the breast. In this study, a case with this rare disease was discussed in the context of the literature.

Keywords: Breast, Mondor's Disease

#### Öz

Mondor hastalığı anterior göğüs duvarı yüzeysel venlerinin sklerozan tromboflebitidir. İlk kez 1939 yılında Henri Mondor tarafından tanımlanmıştır. Tedavisinde antibiyotik, steroid, antikoagulanlar kullanılmış fakat belirgin bir yarar saptanmamıştır. Semptomatik önlemler tedavide yeterlidir. Mondor hastalığı kendi kendini sınırlayan selim bir hastalıktır. Üç hafta ile 6 ay arasında iyileşme görülür. Bu olgularda diğer bölgelerde olabilecek gizli kanserler için araştırmalar yapılmalıdır. Bu çalışmada çok nadir görülen bu hastalığı bir olgu nedeniyle literatür eşliğinde tartıştık.

Anahtar Kelimeler: Meme, Mondor Hastalığı

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## Introduction

Mondor's disease is a rare condition characterized by sclerosing thrombophlebitis, which includes one or more of the subcutaneous vessels of the chest and anterior chest wall (superior epigastric, thoraco-epigastric or lateral thoracic vein). Rare cases have been reported in atypical regions (penis, groin, antecubital fossa and abdomen) [1].

In 1939, Henri Mondor described the first detail as [2]. This is a benign and self-limiting situation. It is reported less than actual rate due to the lack of needed awareness to recognize. The diagnosis is often clinically manifested by the presence of a structure such as the superficial cord on the chest wall and can be confirmed by imaging methods such as Doppler ultrasound [3].

In most reports, it is defined as thrombophlebitis on the thoracic wall, which is seen as a residue of breast surgery [3, 4]. The aim of this study is to provide a patient with Mondor disease to increase awareness of this rare situation..

## Case Presentation

Fifty four-year-old female patient admitted to the general surgery outpatient clinic due to bruising and tenderness in her right breast. She stated that her complaints suddenly began and there was no history of trauma before. In the examination, the right nipple was palpable in the upper middle section as well as the delicate hardness of the cord. There was also an ecchymosis in this area (Figure 1). In mammography, the upper quadrant of the right breast was observed in the middleline, and the thickness of a 6 mm diameter tortuous tubes opacity was seen in the thickest area of the region (Figure 2).



Figure 1: Ecchymosis on the right breast

In the same localization of breast ultrasonography, the total vascular thrombosis was seen in same localization with the color Doppler ultrasonography, and the thrombotic vascular structure followed by minimal re-canalized pattern. No other pathology was detected with imaging and examination in other parts of the breast. Massage and an extra-hot towel were recommended. Follow-ups ended without a problem.

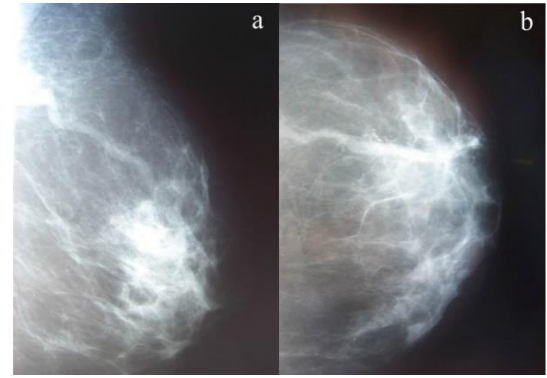


Figure 2: Image of tubular structure in mammography (a: lateral oblique, b: cranio-caudal)

## Discussion

Mondor's disease may be the first manifestation of latent cancer anywhere in the body, such as other migratory thrombophlebitis. Other causes include previous breast surgery, physical trauma, tight clothing, blood diseases. It is characterized by the sudden appearance of a subcutaneous cord, which is initially red and then stretched to a painless, stiff, fibrous band accompanied by a tension and skin tension. The cord structure is evident by the pull, the elevation of the nozzle or the removal of the counter arm [5]. The disease usually does not contain any systemic symptoms. Mondor's disease, the breast-areola complex and axillary (lateral thoracic vein) affect the vessels that arise from the Epigastrium and its surroundings (upper epigastric vein) and the costal edge and upper abdominal wall (thoraco-epigastric vein). The differential diagnosis of Mondor disease includes: Lymphangiectasia, Lymphangioma, cellulite, erythema nodosum and metastatic carcinoma of the skin.

Ultrasonography allows the net to be seen in vascular structures. The obstruction of thickening vascular wall and vein lumen provides the diagnosis of the disease. Although rarely necessary, the biopsy should be taken into consideration because the process may not only contain small superficial vessels but also small arteries and lymphatics. Typical histopathological appearance, partial or total thrombo-oblitrate sclerosis is endophlebitis [6, 7].

In the "American College of Chest Physicians" guide, without the need to add non-steroidal anti-inflammatory drugs in the treatment of superficial thrombophlebitis, the prophylactic dose or moderate dose of low molecular weight heparin is recommended for at least 4 weeks (Grade 2B proof) [8]. There is no clear suggestion for Mondor's disease in the present manual, but it can optionally be considered as a standard thrombophlebitis treatment.

The course of Mondor disease is usually self-limiting and does not carry any embolization risk before it is resolved spontaneously. A few weeks, or rarely, will heal in months [5, 7]. Therefore, the treatment of the disease is symptomatic and consists of hot wet towels and painkillers [9].

As a result, it is recommended to be aware of rare Mondor disease and six-month follow-up with mammography and ultrasonography. There is rarely a need for surgical excision of thrombotic veins.

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