

FAMILY PRACTICE IMAGES

Mondor's disease – A case report

Enfermedad de Mondor – reporte de un caso

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Figure 1 Clinical evolution: initial presentation (A) and two months later (B).

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In 1939, Henri Mondor describes for the first time the Mondor's disease, a rare condition with around 400 cases reported in the world. Mondor's disease is a superficial thrombophlebitis that occurs in the thoracic subcutaneous veins. It is also known as Mondor cord. This conditions usually affects more women than men (3:1) and it is most common in people aged between 30 and 60 years old. The etiology of this disease is still poorly understood in the medical world. However, some risk factors such as breast cancer, breast procedures (surgery, mastectomy, mammaplasty, needle biopsy), inflammatory conditions, trauma or repetitive movements in work environment or practice of sports such as tennis and paddle, have been linked to this disease. Usually, this condition shows a sudden onset, the patient presents a palpable cord and pain in the affected area. With an ultrasound it can be seen a tubular structure without doppler flow. This is a benign and self-limited condition, the treatment is only symptomatic, and it is done mainly with nonsteroidal anti-inflammatory medication. Due to the risk of breast cancer associated with this condition, breast cancer screening is recommended.

Case report: Young male, thirty-six years old, presented an axillar tumefaction with a linear fibrosis (cord) in the proximal half of the right arm (Fig. 1A), with associated pain and functional limitation. The symptoms had a sudden onset, and no causal factors were identified. The ultrasound revealed that "it isn't possible to identify the right basilar vein (occluded?)". The patient was medicated with nonsteroidal anti-inflammatory and in a period of two months the symptoms were completely gone (Fig. 1B).

Ethical considerations

Obtained free and informed written record.

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Awards and previous presentations

No prizes or prior predictions.

Conflicts of interest

No conflicts of interest.

Additional references

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