



## MONDOR'S DISEASE SECONDARY TO BREAST CARCINOMA - A RARE CASE REPORT

### Dermatology

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### ABSTRACT

Mondor's disease is a rare benign self-limiting condition which manifests as superficial thrombophlebitis of unknown etiology. We report a 47-year-old female who presented to us with a dilated vein over the left shoulder and arm with history of radical mastectomy of left breast 1 week back for breast carcinoma.

### KEYWORDS

Mondor's disease, superficial thrombophlebitis

#### Introduction:

Mondor's disease was described by Henri Mondor in 1939 as a very rare, benign condition which is characterized by cordlike induration, often seen on the breast and chest wall. This disease manifests as thrombophlebitis of the superficial veins [1] which usually includes lateral thoracic vein, superior epigastric vein and the thoracoepigastric vein.

#### Case report:

A 47-year-old female came to the skin OPD with complaints of red raised lesions over the inner aspect of left arm which was diagnosed as folliculitis. Patient was a known case of carcinoma of left breast for which she underwent three cycles of intravenous chemotherapy initially and underwent radical mastectomy for the same 10 days ago. On examination of her presenting complaint, we noticed prominent veins over the left arm which started 2 months ago. It was initially painful, developed during chemotherapy for left breast carcinoma. No history of pain, fever or discharge. No history of thickening of skin, skin pigmentation or rash. No history of restriction of shoulder movements. On dermatological examination, a bluish, tortuous, dilated vein was seen over the medial aspect of left arm extending from the axillary fold to the cubital fossa. On palpation, the vein was non-tender and wiry in consistency. Surrounding skin was normal. No varicosities noted elsewhere. All routine investigations were within normal limits. A punch biopsy was taken from the lesion where the microscopic examination showed the longitudinal section of the vein under scanner view, low power showed integral vessel wall with amorphous material in the lumen and homogenous thrombus formation under high power.

#### Discussion:

Mondor's disease is a very rare, benign condition. It is a variant of superficial thrombophlebitis [1] which is characterized by a cordlike induration, often seen on the breast and chest wall. This disease manifests as thrombosis of superficial veins which usually includes lateral thoracic vein, superior epigastric vein and the thoracoepigastric vein following breast surgery with axillary node resection. It is seen in patients between 30 and 60 years of age, with the female:male ratio being 3:1. Incidence and prevalence of this condition is not known. Exact etiology is unknown, it could be due to venous thrombosis (canaliculation), infections, connective tissue disorders, trauma in the form of surgery, injury and intravenous drug abuse, tight undergarments, strenuous exercise and silicone implants. Malignancy of the breast could be a rare cause. There are two types, one occurring over the anterior chest wall and the other over the penis [2]. Other veins like calf veins, femoral and brachial veins are involved. This condition is usually asymptomatic, occasionally painful. It can be differentiated from classical superficial venous thrombosis, as it doesn't have any cutaneous inflammation. It is usually a clinical diagnosis.

Histopathology shows a polymorphonuclear infiltrate during early stages. Late changes show an inflammatory infiltrate of lymphocytes, histiocytes and plasma cells. Prominent subcutaneous vessels showing thrombi formation and fibrous wall thickening gives it a cord like appearance on scanning magnification.

Differential diagnosis of Mondor's disease of various sites include lymphangiectasia, lymphangioma, cellulitis, metastatic carcinoma of skin, erythema nodosum, varicose veins, strangulated spigelian hernia, non-venereal sclerosing lymphangiectasis of penis, appendicitis.

Since it is a self-limiting disease and treatment is not usually needed. It resolves within weeks to months. Warm compresses or localized application of heat and analgesics can be given to patients with pain. Recurrence is uncommon.

#### CONCLUSION:

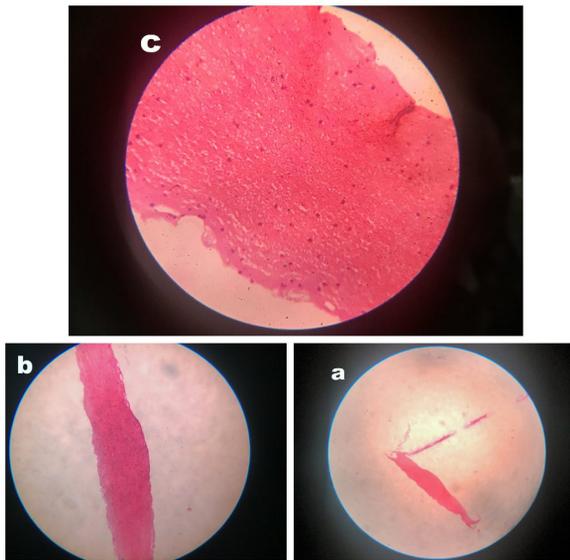
Mondor's disease in breast carcinoma is a rare presentation that resolves on its own with good prognosis. It should be differentiated from other diseases if its symptomatic.

**Figure 1: Clinical picture showing superficial, dilated, tortuous vein over the left arm.**



**Figure 2:**

- Scan view showing longitudinal section of the vein.
- Low power showing integral vessel wall with amorphous material in the lumen.
- High power showing homogenous thrombus formation in the lumen.

**References:**

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