



Mondor's Disease from Surgical Equipment: A Case Report

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Abstract

Mondor's disease, or thrombophlebitis of the superficial veins of the thoracoabdominal wall, is a rare condition which typically occurs after trauma, vigorous exercise, or surgery to the chest wall. Here we present a case of Mondor's disease in an orthopedic surgeon after wearing a tight-fitting lead vest during surgery. Physicians and staff should be aware of the possibility of venous compression and thrombophlebitis from wearing tight clothing in the OR.

Introduction

Thrombophlebitis of the superficial veins, or Mondor's disease, is a benign and self-limiting condition which typically occurs in the anterior chest wall, although it can also occur in the groin/penis, breast, antecubital fossa, or posterior cervical region [1]. Mondor's disease is rare with only roughly 400 reports in the literature. It typically affects middle aged women (three times more frequently than men) and occurs most often after breast surgery [2,3].

The typical presentation of Mondor's disease involves the sudden onset of a tender and erythematous cord which subsequently becomes asymptomatic, although visible. This subcutaneous cord like induration typically occurs on the thoracoabdominal wall and most often involves the superior epigastric system or the lateral thoracic vein [4].

Case Presentation

Here we present a case of a 34-year-old male who presented for evaluation of firm palpable cord on the left side of the chest and abdomen. He first noted linear erythema and tenderness within 24 h of wearing a tight-fitting lead vest during surgery. The tenderness lasted for two weeks, and he was afebrile. He presented to the dermatology clinic three weeks after onset with a 15 cm to 20 cm firm palpable cord on the left lateral chest extending onto the abdomen toward the umbilicus. The patient denied history of malignancy or hypercoagulability. He declined duplex ultrasound of the affected area to rule out deep venous thrombosis. He was diagnosed with superficial thrombophlebitis of the thoracoepigastric vein (Mondor's disease). He was treated with NSAID's and warm compresses as needed.

Discussion

The etiology of Mondor's disease is unknown; however, vessel wall damage, hypercoagulability, and venous compression can lead to development of this condition. Pressure on the vein with stagnation of blood, or trauma to the vein itself can lead to inflammation and development of a thrombus. This can secondarily lead to sclerosis on the vein and connective tissue proliferation resulting in the clinical cord like presentation [5].

Mondor's disease, although typically benign, can often be confused with more serious pathologies such as breast malignancies, axillary metastases, or Spigelian hernias. It additionally can lead to involvement of deeper veins resulting in the possibility of pulmonary embolism [6]. Thus, although the diagnosis is usually clinical, testing such as ultrasonography, or histologic diagnosis *via* biopsy, can be used to rule out more serious pathologies.

The condition typically concludes in spontaneous remission after roughly 6 to 8 weeks.

Treatment for Mondor's disease consists of rest and reassurance as well as topical or systemic medical treatments if an underlying disease is suspected. Examples of treatments include only warm compress and NSAIDs if occurring without underlying medical diseases, while adding anticoagulation options such as heparin, and/or aspirin if underlying hypercoagulability is present. Surgical treatment with thrombectomy or resection can be utilized if the disease is refractory to all other treatment [7-11].

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Conclusion

Mondor's disease is a rare clinical entity which can result after trauma, exercise, or compression of the thoracoabdominal wall. Mondor's disease is typically benign; however, it is important to keep it in mind as it can often mimic more serious diagnoses. Venous compression from tight protective clothing should be considered in presentations of chest wall thrombophlebitis.

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