

Mondor's disease secondary to abscess in the axillary region

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A 50-year-old woman had been aware of a painful lump in the right axilla for a few weeks. The patient denied any previous use of drugs, trauma, or other pathologies. She was not obese, was a nonsmoker, had no previous history of thromboembolic disease. Physical examination revealed a 2.0-cm bulging tender mass in the right axilla. The breasts were symmetrical and the nipple-areola complex was normal.

Mammography showed a beaded tubular structure that extended approximately 9.0 cm from the periareolar region toward the

upper outer quadrant of the right breast. There was a 2.9×2.0 -cm well-defined hyperdense lesion in the right axilla, corresponding with the area of palpable concern. (Figure 1)

Sonography showed an anechoic tubular lesion in the subcutaneous region of the right breast with a thickness of about 3.0 mm. No blood flow signals could be identified on color Doppler ultrasonography. (Figures 2) There was a 3.0×1.5 -cm lobulated heterogeneous hypoechoic lesion with internal vascularity in the right axilla. (Figure 3)

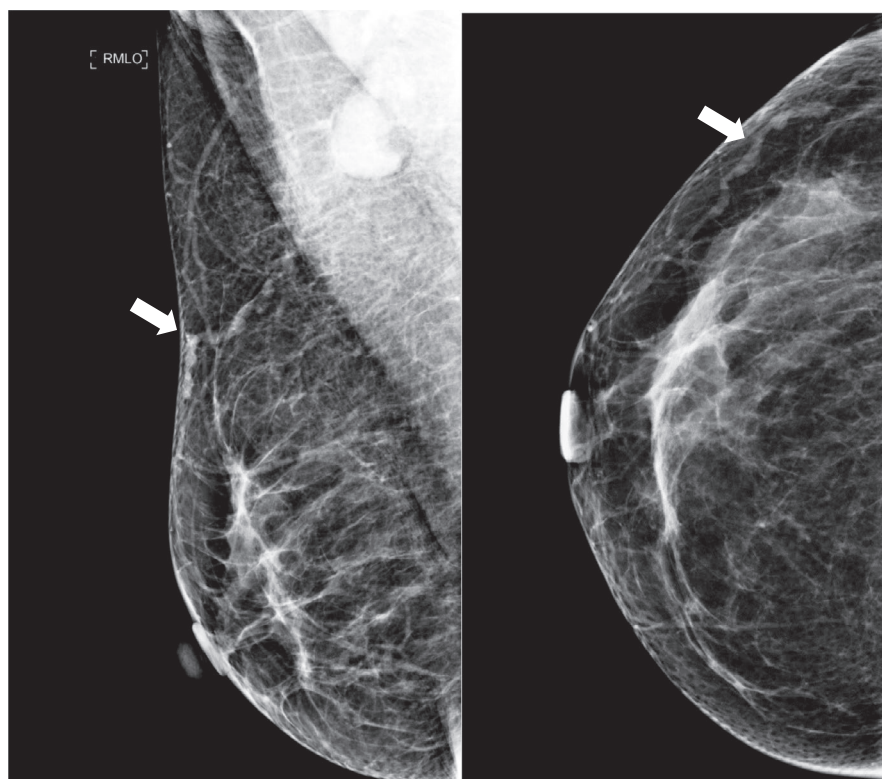


FIGURE 1 Mediolateral oblique and craniocaudal mammograms show superficial beaded tubular structure that extending from right periareolar region toward right upper outer quadrant (white arrows). A well-defined hyperdense lesion in the right axilla is also seen

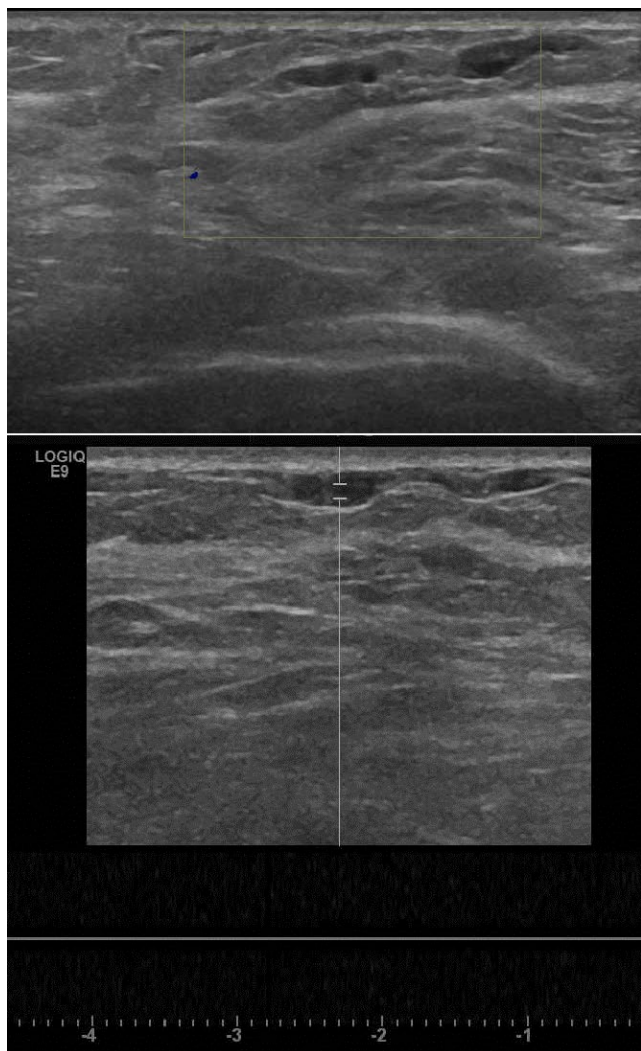


FIGURE 2 Sonography of the right breast reveals an anechoic bead-like structure in the upper outer quadrant of the right breast. No blood flow can be demonstrated by color Doppler ultrasonography [Color figure can be viewed at wileyonlinelibrary.com]

The right axillary lesion was excised and sent for histology. Histologic examination showed abscess with necrosis, no evidence of malignancy.

Mondor's disease is a benign breast condition that is characterized by superficial thrombophlebitis of the anterior chest wall. Anatomically, the affected veins include the lateral thoracic, thoracoepigastric, and superior epigastric veins. This condition was first described by Faage in 1869 and was subsequently characterized by the French surgeon Henry Mondor in 1939.

The etiologic factors include trauma, surgery, inflammation, infection, excessive physical activity, or breast carcinoma. This patient had associated infection.

The initial symptoms are pain and tenderness, sometimes associated with skin redness along the course of the involved vessels. Typical findings on physical examination include the presence of a single or multiple linear or branching superficial, palpable, painful cords, and associated purplish or reddish discoloration of the overlying skin. In this case, there was a bulging tender mass in the right axilla. The breasts were unremarkable.

Mammography shows the thickened rope-like density indicative of the thrombosed portion of the superficial vein. A tangential view can accentuate the superficial nature of the involved venous structure and help to distinguish it from dense breast parenchyma or isolated ductal dilatation.

Sonography shows noncompressible, anechoic tubular or bead-like structures in the subcutaneous layer. The absence of flow signals on color Doppler ultrasonography is indicative of thrombosed vessels. Ultrasonography can trace the whole course of the vessels and provide a noninvasive examination for follow-up. Pathologically, involved veins have been shown to undergo recanalization. However, this patient showed no evidence of recanalization in the thrombosed veins.

Usually Mondor's disease is a benign self-limiting condition; patients may require only symptomatic treatment. However, there was an association with infection in this case, hence, this patient received an excision of an abscess in the right axilla together with antibiotics. After treatment, this case experienced complete symptom resolution and follow-up mammography and sonography showed complete disappearance of the lesions without any sequelae.

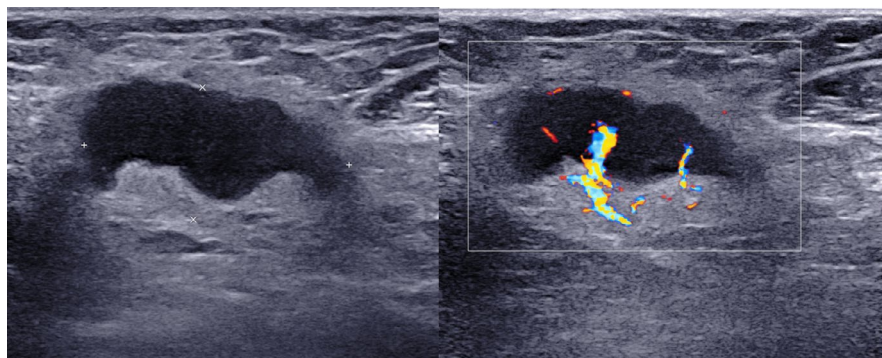


FIGURE 3 Sonography shows a 3.0x1.5-cm lobulated heterogeneous hypoechoic lesion with internal vascularity in the right axilla [Color figure can be viewed at wileyonlinelibrary.com]

In conclusion, Mondor's disease is a rare entity. Breast imagers should have an awareness of this condition. Its imaging findings are very helpful because of the specific findings and using in follow-up.

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