BMJ Case Reports

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A subcutaneous cord over the chest in Mondor's disease

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DESCRIPTION

A middle-aged man presented with pain over the right anterior aspect of chest. He gave history of doing heavy exercise (extreme yoga postures) few days ago. On examination, there was a tender area on right anterolateral part of chest with a vertical cord like swelling just under the skin. On overhead abduction of the right arm, the cord like structure and adjacent longitudinal groove became prominent (figure 1). A clinical diagnosis of superficial thrombophlebitis – Mondor's disease was made based on the preceding history of strenuous exercise and the above-mentioned findings. Complete blood count, erythrocyte sedimentation rate, C-reactive protein, coagulation parameters, liver and renal function tests, performed to rule out other aetiologies, were within normal limits. Patient was treated with ibuprofen and heparinoid ointment. He recovered completely within 2 weeks.

Figure 1 The vertical cord and groove in the anterolateral chest, seen when the patient's right arm was raised above the shoulder.

Mondor's disease is superficial thrombophlebitis of anterior chest wall seen more often in women.[1] It is an uncommon condition that presents as sudden onset of chest wall pain. The phlebitic vein appears as a red, tender cord like structure. It may be preceded by local trauma, surgical trauma, muscular strain (strenuous exercise) or be associated with underlying connective tissue diseases, hypercoagulable states and malignancy. The diagnosis is usually based on typical history and examination findings.[2] However, laboratory investigations can be done to rule out underlying aetiologies. Treatment includes hot fomentation, nonsteroidal anti-inflammatory drugs (NSAIDs) and local anticoagulants.[3] It is self-limiting with spontaneous resolution within weeks.

Competing interests None.

Patient consent Obtained.

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BMJ Case Reports: first published as 10.1136/bcr.04.2011.4131 on 21 July 2011. Downloaded from http://casereports.bmj.com/ on 19 April 2024 by guest. Protected by copyright.

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Please cite this article as follows (you will need to access the article online to obtain the date of publication).

Chakraborty J, Umakanth S, Vikram K, Yashodhara BM. A subcutaneous cord over the chest in Mondor's disease. *BMJ Case Reports* 2011;
10.1136/bcr.04.2011.4131, date of publication

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