Images in...

Mondor’s disease: classical imaging findings in the breast

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DESCRIPTION

Mondor’s disease of the breast is a benign, self-limiting condition, characterised by thrombophlebitis of the superficial veins of the mammary region. Direct trauma and pressure on the superficial veins of the breast leading to stasis has been postulated in the etiopathogenesis of the disease. Breast biopsy and surgery, trauma, infection and breast cancer are risk factors. It commonly affects middle-aged women. A 41-year-old premenopausal Nigerian woman complained of a band-like structure in the right breast of

Figure 1 Images of the right breast on inspection with the patient lying in the right posterior oblique position ready for a sonogram showing a visible band of depression at about 4 o’clock position. A-Right breast, B-Close up view.

Figure 2 Breast ultrasound scan A-transverse section, B-longitudinal section, C-doppler view. A long, superficial, beaded, tubular, hypoechoic structure in the right breast at 4 o’clock position extending from the inner to the outer ring. It measured 5.8 mm in its widest diameter with low-level echoes within it. No flow on colour or spectral doppler was demonstrated.
4 days duration (figure 1). Associated pain resolved after 1 day. A cord-like structure was palpable in the lower inner quadrant of her right breast (figure 2). Breast ultrasound scan showed a long, superficial, beaded, tubular, hypoechoic structure in the right breast at 4 o’clock position extending from the inner to the outer ring. It measured 5.8 mm in its widest diameter and showed no flow on colour or spectral doppler interrogation (figure 3). Low-level echoes were seen within it. Mammogram showed a superficial tubular density in the lower inner quadrant of the right breast. The Breast Imaging Reporting and Data System assessment was category 3. A short-interval follow-up in 6 months was recommended. Mondor’s disease presents as a palpable cord or mass in the breast sometimes with pain. Sonographic and mammographic evaluations are indicated in patients with suspected Mondor’s disease. Finding a dilated tubular density may potentially be mistaken for a dilated duct. Mondor’s disease is managed conservatively with treatment of pain using anti inflammatory and analgesic drugs.\textsuperscript{3} Biopsy, anticoagulants and antibiotics are unnecessary.

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Competing interests None.

Patient consent Obtained.

REFERENCES