

IMAGES IN CLINICAL MEDICINE

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Mondor's Disease



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A 4-YEAR-OLD BOY PRESENTED TO A CLINIC IN NAIROBI WITH FEVER AND watery diarrhea. He was pale and icteric, with severe acute malnutrition (mid-upper arm circumference, 11.3 cm), and he had a row of painless, rubbery, mobile, subcutaneous nodules running inferomedially from his left nipple to the central epigastric region. His hemoglobin level was 5.0 g per deciliter, and hemoglobin electrophoresis revealed sickle cell disease. Doppler ultrasonography of the chest showed a dilated subcutaneous vein without flow that was noncompressible, which confirmed the diagnosis of superficial thrombophlebitis in the chest wall, or Mondor's disease. He was treated with amoxicillin and given ready-to-use therapeutic food on an outpatient basis. He had a full recovery, with complete resolution of the chest-wall thrombophlebitis by 6 weeks after presentation. Mondor's disease typically occurs in women, and breast surgery appears to be a common antecedent risk factor.

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