

Answer

Mondor Disease

Lymphangiectasia of the breast represents superficial lymphatic dilatations usually caused by upper limb edema secondary to mastectomy, radiotherapy, keloids, and scleroderma. Clinically, they consist of translucent bullous vesicles in a chronic lymphedema area, and findings of radiological examinations are usually within normal limits. Lymphangiectasia was not an appropriate diagnosis in this case because of the lack of vesicles on physical examination and unremarkable history.¹

Granulomatous mastitis is a chronic inflammatory disease that has clinical and radiologic findings similar to those of breast cancer. Focal asymmetric densities and ill-defined masses with tubular hypoechoic structures with fingerlike projections are the most common findings during mammographic and sonographic examinations, respectively.^{2,3} These imaging findings were inharmonious for our patient.

Diabetic mastopathy is an uncommon entity occurring in individuals with type 1 diabetes mellitus. Imaging findings are nonspecific and usually mimicking breast carcinoma.⁴

Mondor disease of the breast is a rare benign disease of unknown etiology, characterized by thrombophlebitis of the superficial veins of the breast and anterior chest wall. The lateral thoracic and thoracoepigastric veins are the most commonly involved structures. Trauma to the chest wall, previous breast surgery and biopsy, inflammatory and infective processes, excessive physical activity, and breast cancer are the predisposing conditions that are reported in several studies.⁵⁻⁸

Patients usually present with single or multiple palpable, painful stringlike structures.^{5,7,8} Diagnosis is usually made by history and physical examination. Imaging is necessary primarily for the evaluation of palpable masses.^{5,9} Mammography usually reveals tubular or branching linear densities representing thrombosed veins. At sonography, thrombosed vessels appear as superficially located, long, tubular, noncompressible anechoic structures with beaded appearances without flow on color Doppler studies. In acute cases, a thrombus causing distension of the vessel may be seen. Differentiation of a thrombosed vein from a duct is important; a thrombosed vein is longer, superficially located with a beaded appearance, and most commonly seen in the outer aspect of the breast without termination in the retroareolar region.^{5,7}

Another important point is the association of this entity with breast cancer. Although this association is not high, it is accepted that breast cancer may be the cause of this pathology; therefore, mammography should be per-

formed, even in the presence of a normal physical examination.^{5,10}

Mondor disease is a benign and self-limiting entity, and conservative treatment is used only for the relief of pain. There is usually no need to perform biopsy to rule out breast cancer.^{5,10}

With these findings, Mondor disease of the breast was diagnosed and nonsteroidal anti-inflammatory drugs were prescribed. One month later, the lesion disappeared and discomfort was absent.

In conclusion, Mondor disease of the breast is a benign and self-limiting condition, diagnosed by history and physical examination and treated conservatively. Imaging is required for exclusion of underlying breast cancer.

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