INTRODUCTION

Mondor’s disease is a rare form of thrombophlebitis involving a superficial vein of the breast or anterior chest wall, most commonly seen in women, and is associated with local trauma.

CASE PRESENTATION

- A 65 year-old male presented to the clinic complaining of pain and tenderness in the right anterolateral chest wall.
- The pain was associated with a tender, palpable, cord-like mass.
- He denied any trauma, but did report doing pushups everyday for the past few years.
- Physical examination revealed the presence of a firm, tender, subcutaneous, curvilinear cord in the right anterolateral chest wall that extended approximately 12 cm from the axillary fossa toward the umbilicus.
- At 8 weeks, the pain had resolved, and the lesion was reduced in size.

DISCUSSION

- Mondor’s disease is a rare entity with fewer than 400 cases described worldwide.
- Female/male ratio of 3:1.
- Etiology is unclear, but often associated with trauma, often breast biopsy or surgery.
- Diagnosis is made by history and physical – Mammograms, biopsies, and other diagnostic modalities are usually not indicated.
- Benign and self-limited; no treatment needed.
- This case was atypical because the patient’s Mondor’s disease was most likely due to chronic chest exercise (daily pushups).

CONCLUSION

- Muscular strain has been associated with Mondor’s disease in rare case reports.
- This entity may be more common in the military and retiree population because of intense muscular chest exercise.
- Recognition and accurate diagnosis of this benign disorder by Family Physicians are important to avoid unnecessary diagnostic and treatment modalities.