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Clinical Image

Mondor's Disease

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A 75-year-old woman presented with a six-months history of recurrent painful lumps on the palmar aspect of different fingers on both hands (Figure 1). They resolved spontaneous in few days. Patient didn't remember any local trauma. She was anticoagulated with vitamin K-antagonists because of previous pulmonary embolism and prosthetic mechanical mitral valve. She had no neoplasms, infections or systemic diseases in her medical history. Physical examination revealed bluish nodules on the volar side of the proximal interphalangeal joints of the index and middle fingers (Figure 2). They were painful,of hard fibrous consistency, subcutaneous and 3-5 mm in size. Laboratory tests were normal. The clinical picture was not typical for paroxysmal finger haematomas, infective endocarditis(Osler's nodes, Janeway lesions) or vasculitis. A diagnosis of recurrent spontaneous thrombosis of palmar digital veins was confirmed by echography. An antiphospholipid syndrome was rouled out and ibuprofen was locally applied.

Mondor's Disease was first described in 1939 and it is a rare condition which involves thrombophlebitis of the superficial veins of the breast and anterior chest wall. It sometimes occurs on the penis or on the fingers. The diagnosis is made by the typical clinical aspect. Radiological or Histological examinations are usually not necessary. Mondor's Phlebitis is a self-limiting and generally benign disease. The specific aetiology remains uncertain. Trivial local traumas (for example handwork) are presumed. Surgery, infection, malignancy or hypercoagulable state are responsible for the disease only in rare cases.



Figure 1: Recurrent painful lumps on the palmar aspect of hand.



Figure 2: Bluish nodules on the volar side of the proximal interphalangeal joints of the index and middle fingers.





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