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An Unusual Case of Chest Pain

Kavi MG*, Padma V, Sandya PC, Murugaraj, Abhilash Nair, Saketh Ramineni, Sarath Bhaskar S, Kannan Meera Devi

Department of General Medicine, Sree Balaji Medical College and Hospital, Chennai

ABSTRACT

Chest pain is the most common reason for seeking treatment. If there is no obvious cause, patients are sometimes tested and treatment may be unnecessary and dangerous. Mondor's disease is a rare and self-limiting condition characterized by thrombophlebitis in a particular region.

Key words: Mondor, Thrombophlebitis, Chest pain

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Kavi MG*, Padma V, Sandya PC, Murugaraj, Abhilash Nair, Saketh Ramineni, Sarath Bhaskar S, Kannan Meera Devi

Corresponding author: Kavi MG
e-mail ✉ :sarath_bhaskar@yahoo.com
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INTRODUCTION

Chest pain is one of the most common symptoms of an emergency. Prompt history and careful clinical examination help to differentiate chest pain from other causes. Mondor's disease is a rare cause of chest pain that is often not easily diagnosed due to ignorance. Mondor's disease is a condition characterized by thrombophlebitis of the upper arteries of the chest and inner wall of the chest. Diagnosis is usually made at the clinic [1].

CASE REPORT

45-year-old male present it to the casualty with the history of pricking type of chest pain for four days. No history of breathlessness, Palpitation, Syncope, sweating. No History of fever, cough, no history of loss of taste or loss of smell. No history of burning micturition. On examination patient was obese. He was conscious, oriented and afebrile. There was no pallor, icterus, cyanosis, clubbing, lymphadenopathy or edema. His Blood Pressure was 130/80mmHg, Pulse Rate was 74bpm and his saturation was 99% at room air. Respiratory system examination showed Bilateral air entry [2]. CNS examination didn't reveal any further significant findings and per abdomen examination did not reveal any anomaly like tenderness or organomegaly. Cardiovascular system examination was normal and S1 and S2 was heard, no murmurs were present. Tenderness was present and subcutaneous palpable cord like structures in the parasternal region [3]. ECG showed no significant ST changes. TROP I and T were negative. Chest x ray was normal and no rib fractures were present. In blood investigations leucocyte count was increased and mildly elevated C reactive protein. USG Chest was done which showed features of thrombophlebitis of left thoracic superficial vein with surrounding erythema suggesting Mondor's disease [4]. Patient was treated with analgesics and anti-inflammatory drugs and ice packing for four weeks. The inflammation was resolved and had no recurrence on follow up for six months [5].

DISCUSSION

Chest pain is one of the most common reasons for seeking treatment. If there is no obvious cause, patients are sometimes tested and treatment may be unnecessary and risky. Mondor's disease is rare and it is a self-limiting condition. It is characterized by pain, edema, erythema and increased temperature in a particular region where it is possible to experience cord-like formation caused by thrombophlebitis and / or lymphangitis. The first reported cases date back to 1850, but the first detailed description of the series of cases was published only in 1939 by Henri Mondor. The report described cases of thrombophlebitis in the thoracic anterolateral region, but recent reports also described cases in the axillary region, also known as axillary web syndrome, and penis, also known as penile Mondor syndrome. Because of its diagnosis, it is rare for the disease to be studied and remain undiagnosed. Other studies report cases of 0.07-0.96% and the highest frequency in women (9-14 cases in women in each case in men). Although it is associated with neoplasms (especially breast), trauma or hyperviscosity states, especially idiopathic and usually have a dangerous course with complete resolution in 4-8 weeks without any specific treatment. Prophylactic or moderate administration of low-dose heparin and low-dose fondaparinux administration have been suggested but remains controversial due to a lack of clear evidence. The most common treatment is the use of local ice and non-

inflammatory drugs. Our patient had a regular clinical presentation of Mondor's disease. Because these rare diagnoses depend on clinical diagnosis, it is important for doctors to be able to diagnose the disease.

CONCLUSION

Mondor's disease is a rare but serious disease, with no evidence beneficial treatments, such as anticoagulation, are beneficial. It may be second to the underlying disease such as malignancy, vasculitis, trauma or hyperviscosity states, which should be ruled out. Treatment in most cases is symptomatic, but in the case of second-hand Mondor, a serious problem needs to be investigated. Physicians should be aware of this condition in order to address patients' concerns and to avoid unnecessary treatment or investigation.

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