

## Mondor's Disease: A Rare Case of Superficial Thoracic Vein Thrombosis Associated with MRS Bacteremia and Thrombophilia

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**Background:** Mondor's disease is a rare condition (less than 400 cases in literature) characterized by superficial thrombophlebitis of thoracoabdominal veins. It typically presents with pain and a cord-like induration of the chest wall. The pathophysiology of Mondor Disease is incompletely understood. Risk factors: trauma, breast cancer, infectious disease, coagulopathies or idiopathic forms can play a role.

**Case History:** A 39-year-old woman was admitted in the E. R. with high fever (TC 39) associated with intense chest pain and serpiginous, violaceous, indurated lesion over the left pectoral region. Her medical history: presence of IUD, recent trip to Indonesia, history of contraceptive pill therapy. In order

to formulate a diagnosis: Blood test WC 20000 x10<sup>9</sup>/L, UPCR 58xULN, PCT 5 xULN, protein C and S deficiency, LAC positivity, blood culture positive for MRSA. Radiological exams: color Doppler ultrasound positive for thrombosis of anterior thoracic vein, TC body positive for pneumonia. According to the data Mondor's disease diagnosis was done. Treatment: Trimethoprim/sulfamethoxazole 240/1200 mg 4/day, Methylprednisolone 40 mg/day, Fondaparinux 2.5 mg/day, resulting in clinical improvement.

**Discussion:** Diagnosis of Mondor's disease requires high clinical suspicion and differential diagnosis. The presence of positive blood cultures and hyper coagulopathy in this case pointed to an infectious etiology associated to thrombophilia.

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