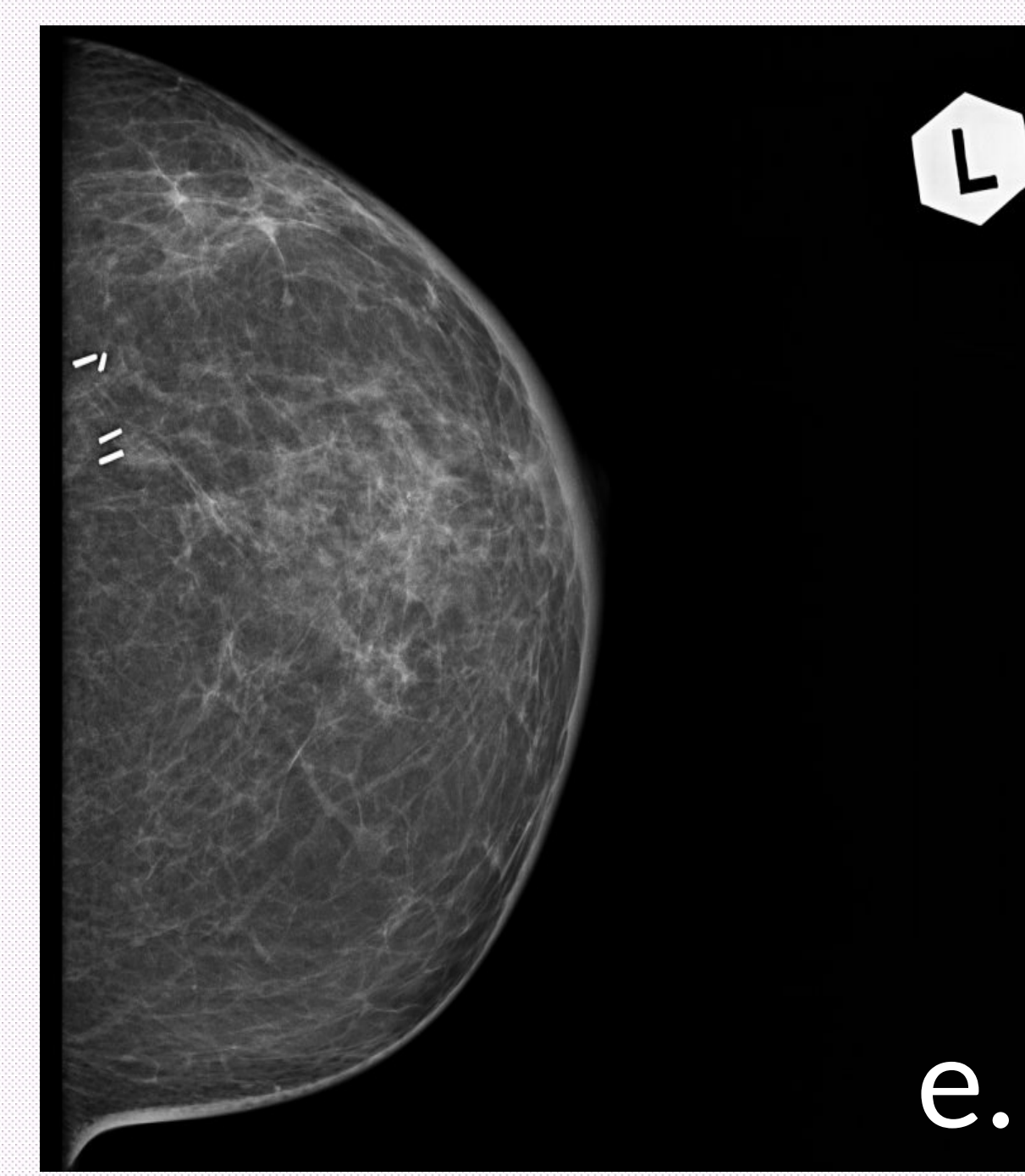
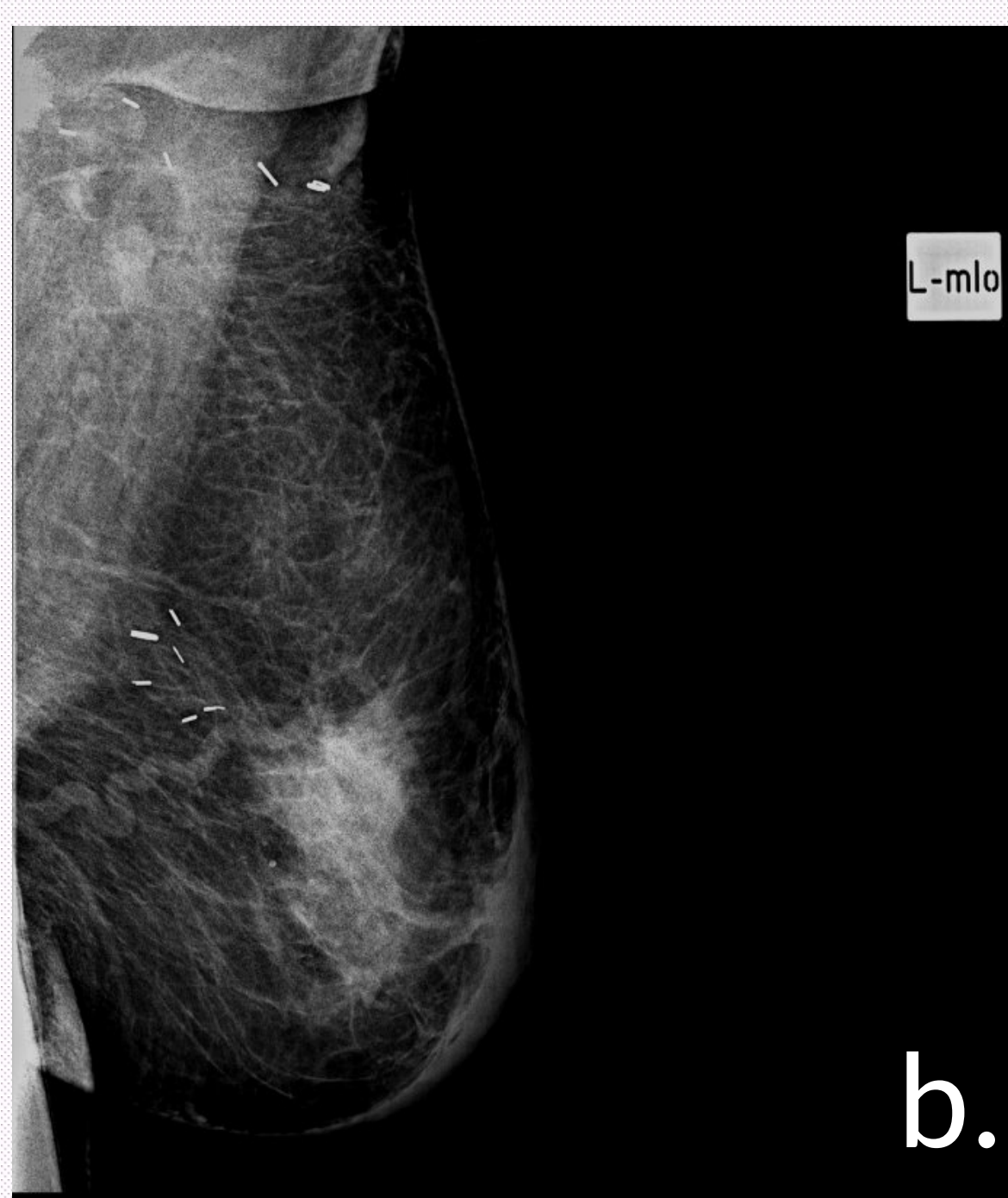
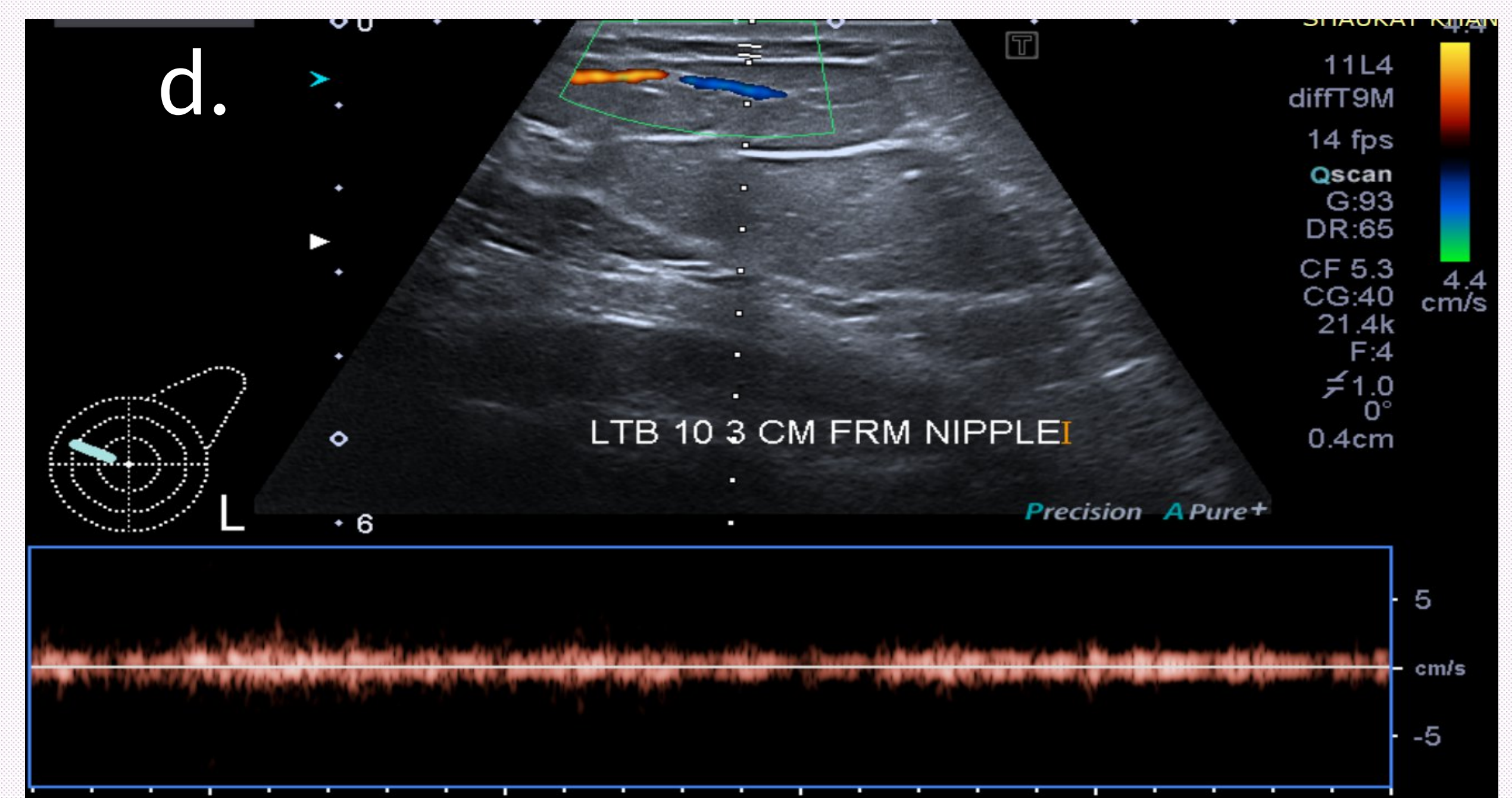
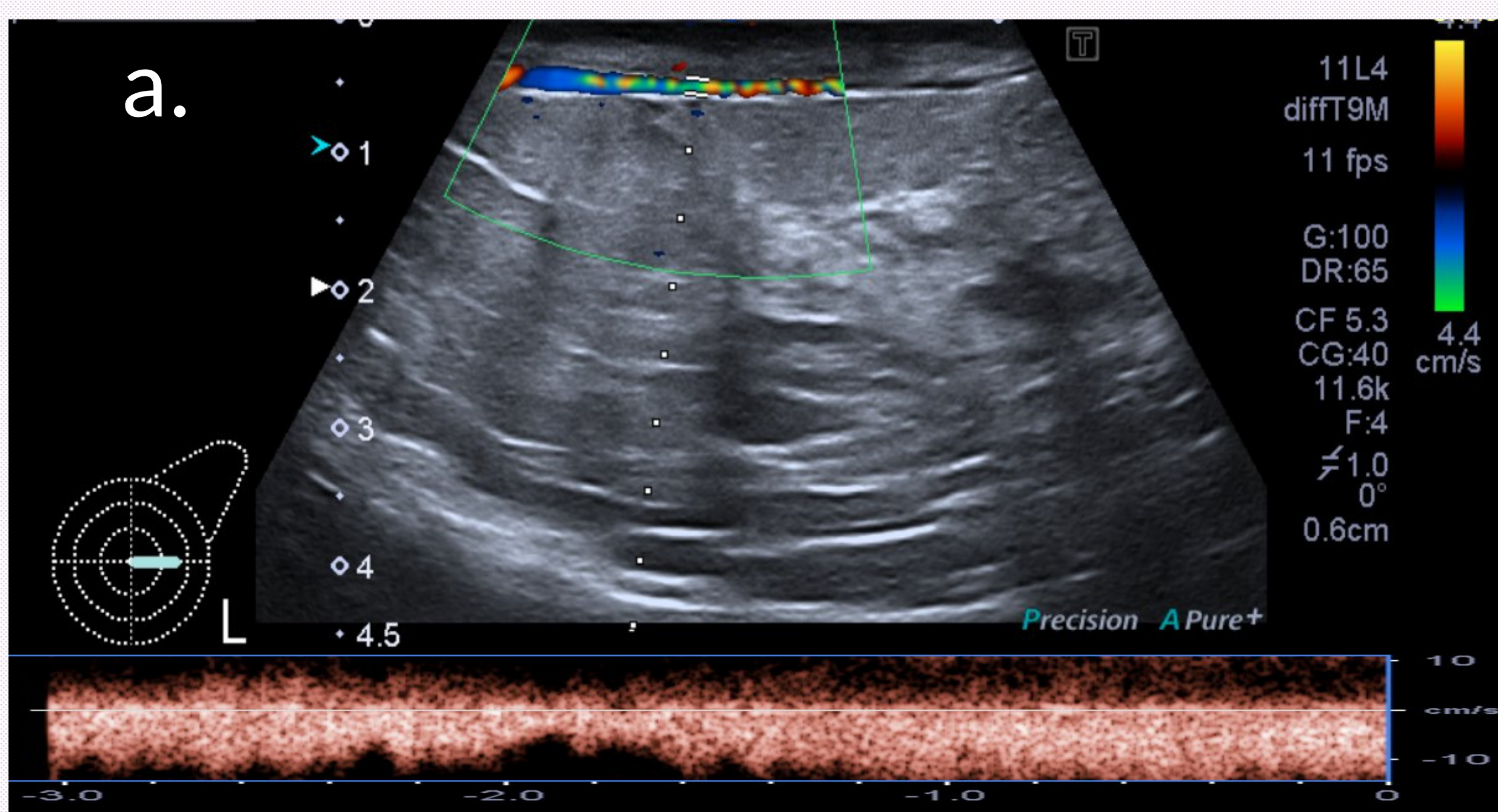


Are rarities really rare in increasing breast cancer population: 2 cases of Mondor's Disease presented post radiation therapy.

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Introduction: Mondor's disease (MD) is a rare, self-limiting condition characterized by superficial thrombophlebitis of the breast or chest wall veins, accounting for less than 0.8% of superficial thrombophlebitis cases.(1) It typically presents as a cord-like, tender structure, and diagnosis is primarily clinical, supported by ultrasound, which helps distinguish MD from other conditions. Common risk factors include trauma, breast surgery, extreme physical activity, and hormonal changes.(2)

Case presentations



First case presents a 45-year-old woman with treated left breast intraductal carcinoma presented 15 days post-radiation with breast pain and skin erythema.

Ultrasonographic image (a) revealed diffuse post-radiation edema and a dilated superficial vein without thrombosis. Mammography CC view (c) and MLO view (b) showed trabecular thickening and a prominent tortuous vessel without signs of recurrence.

Discussion:

Mondor's disease (MD) is a rare, benign superficial thrombophlebitis of the chest wall veins, often triggered in breast cancer patients after surgery, radiation, or procedures such as core biopsy, and may be mistaken for recurrence. Diagnosis is mainly clinical, supported by imaging showing a tortuous superficial vessel without thrombosis on ultrasound and linear opacity on mammography. MD typically results from iatrogenic venous injury and can occur weeks to months post-treatment; symptoms resolve with conservative management, and recognizing this condition helps avoid unnecessary interventions and patient anxiety.

Second case presents a 44-year-old woman with treated grade II invasive breast cancer presented with left breast tenderness after radiation therapy. Findings reflected post-treatment vascular and structural changes.

Ultrasonographic image (d) shows prominent subcutaneous veins with low-level internal echoes and increased trabecular thickening in the upper inner quadrant. Mammography CC view (e) and MLO view (f) showed trabecular thickening and architectural distortion near the surgical site, without prominent tortuous vessels. Findings reflected post-treatment vascular and structural changes.

Conclusion:

Mondor's disease is a benign, often overlooked condition that can occur after breast cancer treatment, especially surgery or radiation. Although self-limiting, it may mimic more serious complications, making confident diagnosis through clinical evaluation and imaging essential. Recognizing post-treatment MD helps prevent unnecessary investigations and ensures patients receive appropriate reassurance and symptomatic care.