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CASE REPORT

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An unusual coexistence of Mondor's disease and hidradenitis suppurativa

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ABSTRACT

Hidradenitis suppurativa (HS), also known as acne inversa, is a chronic, debilitating inflammatory skin disease defined by the occurrence of painful inflamed nodules, abscesses, sinus tracts, and fistulas. Patients frequently present with several comorbidities nonetheless, the topic is still often neglected. Here, this study reports the first case of Mondor's disease (MD) in a patient with recently diagnosed hidradenitis suppurativa. A 52-year-old Caucasian man presented with nodules, scarring and fistulas primarily affecting the anogenital area and right thigh, diagnosed 3 months earlier as HS. Moreover, the physical examination revealed multiple lipomas in the trunk area and a palpable subcutaneous 10 cm cord-like structure along the anterolateral wall of the thorax on the right side that appeared 2 weeks before the admission. The patient did not have a history of trauma, infection, malignancy, previous thromboembolic events, excessive training, or any procedure. Laboratory tests performed revealed increased CRP, D-dimer, and haematocrit levels. A thrombosed hypoechoic superficial vein with no Doppler flow was observed during the ultrasound examination of the affected area. Regarding the anamnesis and the clinical picture, a diagnosis of Mondor's disease was made. Mondor's disease is a rare condition that resolves spontaneously in four to eight weeks however, it is often underdiagnosed owing to a lack of awareness.

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Keywords: hidradenitis suppurativa, acne inversa, Mondor's disease, comorbidity, testosterone

INTRODUCTION

Hidradenitis suppurativa (HS), also known as acne inversa, is a chronic, debilitating inflammatory skin disease defined by the occurrence of painful inflamed nodules, abscesses, sinus tracts, and fistulas [1]. The skin lesions typically occur in the skin folds of axillary, groin, gluteal, and perianal areas of the body. Pathogenesis of HS is multifactorial and still not fully understood. The onset of the disease is typically observed in adolescents and young adults with the prevalence higher in women than in men. Moreover, HS patients frequently present with comorbidities such as obesity, metabolic disorders, squamous cell carcinoma, polycystic ovary syndrome, or inflammatory bowel disease [2]. Nonetheless, the topic of comorbidities is still often neglected. Here, the study reports a rare case of Mondor's disease (MD) in a patient with recently diagnosed hidradenitis suppurativa.

CASE DESCRIPTION

A 52-year-old Caucasian man with a history of hypertension, nephrolithiasis, sleep apnoea, and insulin resistance presented with nodules, scarring and fistulas primarily affecting the anogenital area and right thigh, diagnosed 3 months earlier as HS (Fig. 1). The exacerbation of the lesions began 4 weeks before the visit. Additionally, the physical examination revealed multiple lipomas in the trunk area and a palpable subcutaneous 10 cm cord-like structure along the anterolateral wall of the thorax on the right side that appeared 2 weeks before the admission (Fig. 2). On physical examination, the cord-like structure was painful and mildly tender to touch. The patient did not have a history of trauma, infection, malignancy, previous thromboembolic events, excessive training, or any procedure. He denied alcohol, drug or nicotine use, and his body mass index (BMI) was normal. The family history of HS was also negative. Furthermore, detailed anamnesis revealed that the patient had started testosterone replacement therapy (TRT) at a dose of 100 mg weekly 6 months before the admission. He was also administered doxycycline 100 mg twice daily due to his HS 3 weeks before the appointment. Laboratory tests performed revealed increased C-reactive protein (CRP) [12.08 (mg/L); reference < 5 (mg/L)], D-dimer [643 (µg/L), reference < 500 (µg/L)], and haematocrit [56 (%); reference 40–50 (%)] levels. A thrombosed hypoechoic

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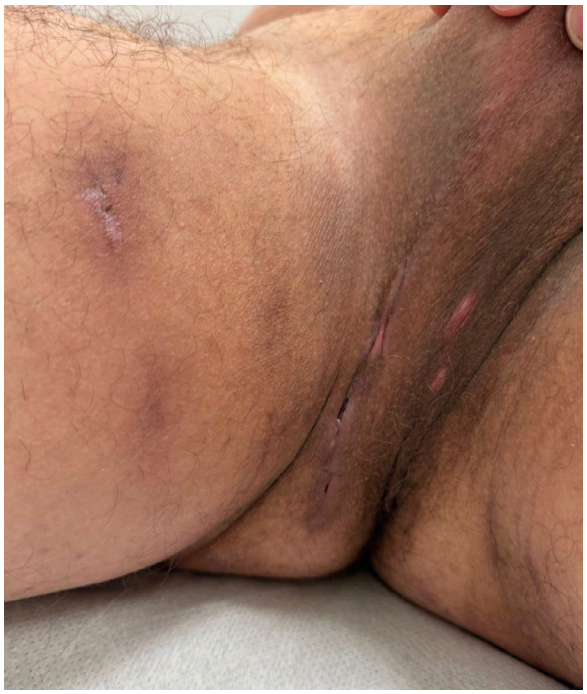

Figure 1. Typical for hidradenitis suppurativa nodules, scarring, and fistulas in the anogenital area and right thigh

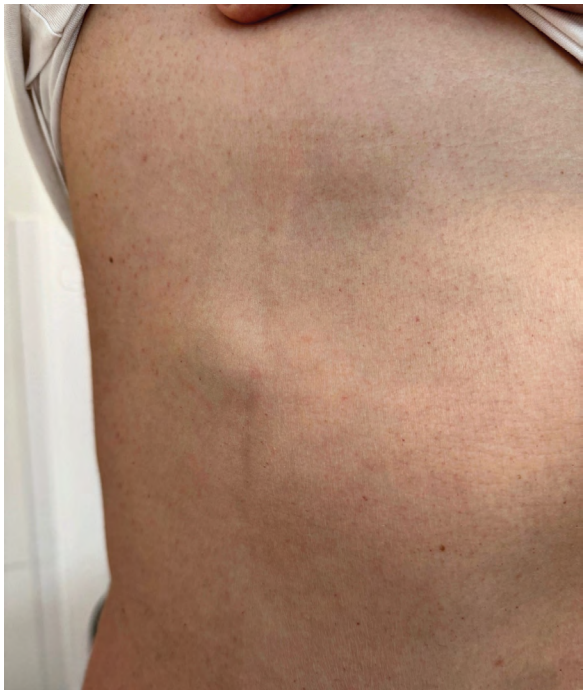

Figure 2. Visible two lipomas and a cord-like structure

superficial vein with no Doppler flow was observed during the ultrasound examination of the affected area. Regarding the anamnesis and the clinical picture, a diagnosis of Mondor's disease was made. The structure resolved spontaneously after 4 weeks of follow-up.

DISCUSSION

Mondor's disease is a rare condition first described by the French surgeon Henry Mondor in 1939 [3]. It typically manifests with a palpable cord-like subcutaneous structure that appears unilateral. The condition is regarded as a superficial thrombophlebitis that usually affects veins of the upper anterolateral region of the chest wall. Whereas the chest wall is the most common site of recognition, it has also been reported in the groin, penis, and axilla. Though the exact cause is yet unknown and frequently idiopathic, local trauma, infections, underlying breast disorders, hormone therapy, and excessive workout of the upper body have been linked to the condition [4]. Seldom, rheumatoid arthritis, lupus erythematosus, or inflammatory bowel disease may also be related to it. Mondor's disease is mostly benign, self-limited, and resolves spontaneously in four to eight weeks. However, it is often underdiagnosed owing to a lack of awareness.

Given the fact that this patient experienced the commencement of his HS 3 months after the initiation of TRT, it was suspected that it could be one of the factors triggering the disease. In the literature, there were some reports of either aggravation or development of HS in transgender men [3–7]. Nonetheless, how exogenous testosterone, including different routes of administration and dosing, might affect the course of the disease is not fully elucidated. What is more, exogenous testosterone may raise haematocrit levels, increasing blood viscosity, platelet accumulation, and thromboxane A2 concentrations, thereby increasing the risk of blood clot formation [8]. Considering the above-mentioned, it is conceivable that TRT together with chronic inflammation due to HS might have also triggered MD development in the study patient.

CONCLUSIONS

To summarize, while Mondor's disease is a condition that resolves spontaneously and is typically innocuous, patients should be educated on the significance of follow-up. The association between Mondor's disease and HS flare might be coincidental nevertheless, further research is necessary to validate any correlation.

Article information and declarations

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Author contributions

Writing: original draft preparation — ZŚ, WBR; conceptualization, writing: review, and editing — ZŚ, PR, WBR; supervision — WBR.

Conflict of interest

The authors declare no conflict of interest.

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