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CASO CLÍNICO

Penile Mondor's disease; diagnosis with magnetic resonance imaging



Hakan Öztürk

Department of Urology, School of Medicine, Sifa University, Izmir, Turkey

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KEYWORDS

Penile Mondor's disease;
MRI;
Diagnosis

Abstract

Introduction: Penile Mondor's disease (PMD) is the thrombophlebitis of the superficial dorsal vein of the penis. The patients usually feel the superficial vein of the penis like a hard rope and present with complaint of pain around this hardness. The physiopathology of this condition remains unknown; however, it is likely that vascular transection occurring after a surgical intervention or trauma caused by external compression may be triggering this condition.

Case report: A 36-year-old male presented with penile indurations that felt like a hard rope for the last one week that worsened with erection. The patient was diagnosed with PMD based on the findings from the physical examination, Colored Doppler Ultrasonography (Doppler USG) of the penis, and magnetic resonance imaging (MRI). The patient was diagnosed with subacute PMD. The patient was placed on a therapy involving oral anti-aggregants, topical anti-inflammatory agents, and heparinoid creams. The patient was recommended to abstain from sex.

Conclusion: The patients with penile Mondor's disease may experience anxiety and sexual dysfunction. The early recognition of the condition on the basis of clinical and radiological evidence increases the effectiveness of medical therapy and avoids surgery. In this regard, cooperation between the radiologist and the urologist is an essential component.

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PALABRAS CLAVE

Enfermedad de Mondor con afectación peniana;

Enfermedad de Mondor con afectación peniana. Diagnóstico con resonancia magnética

Resumen

Introducción: La enfermedad de Mondor con afectación peniana (PMD) es la tromboflebitis de la vena dorsal superficial del pene. El paciente suele sentir la vena superficial peniana como

Abbreviations: PMD, Penile Mondor's disease; MRI, Magnetic resonance imaging; US, Ultrasound; ASA, Asetil Salicylic Acid; MTHFR, Methylene tetrahydrofolate reductase.

E-mail address: drhakanozturk@yahoo.com.tr

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RMN;
Diagnóstico

una cuerda dura y manifiesta dolor alrededor de esta dureza. Si bien todavía se desconoce la fisiopatología de esta dolencia, cabe la posibilidad de que el desencadenante pueda ser una transección vascular postquirúrgica o un traumatismo provocado por compresión externa.

Informe del caso: Varón de 36 años con induración peniana y sensación de cuerda dura durante la semana previa que empeora con la erección. El paciente fue diagnosticado PMD conforme a los hallazgos de la exploración física, una ecografía doppler color del pene y una resonancia magnética (RMN). La PMD es de tipo subagudo. Se pautó un tratamiento con antiagregantes orales, agentes antiinflamatorios de uso tópico y cremas heparinoides. Se aconsejó al paciente que mantuviera abstinencia sexual.

Conclusión: Los pacientes con enfermedad de Mondor con afectación peniana pueden experimentar ansiedad y disfunción sexual. Un diagnóstico temprano de la dolencia ayudándose de las pruebas clínicas y radiológicas aumenta la eficacia del tratamiento médico y evita la cirugía. Por ello la colaboración entre el equipo de radiólogos y urólogos es fundamental en estos casos. © 2014 Asociación Española de Andrología, Medicina Sexual y Reproductiva. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

Introduction

Mondor's disease is the thrombophlebitis of the superficial veins, and the condition was first described in the superficial veins of the chest by Henri Mondor in 1939.¹ Isolated thrombosis in the dorsal veins of the penis was first reported by Helm and Hodge in 1958, and the authors defined this condition as penile Mondor's disease.² PMD is a rare and under-recognized vascular benign disease of the penis occurring in sexually active young males. The true incidence of the disease is assumed to be higher than the reported incidence rates. There are only 53 reported cases in the literature.³ The present case ranks 54th in the literature, and is the second case that was diagnosed by MRI. Penile Mondor's disease affects sexually active males at all ages. The age of the patient's ranges between 18 and 70 years.³ The patients often present with the feeling of a hard rope on the dorsal penis. The patients report episodic or continuous aching and throbbing. Edema and redness may be apparent on the penile skin. Some patients report tension at the site of thrombosis. The patients also typically report increasing pain during erection. In some instances, patients may exhibit irritative urinary symptoms.⁴ The diagnosis can be easily established by physical examination. However, Doppler USG of the penis and MRI may help in the differential diagnosis. Penile Mondor's disease is clinically divided into three stages: acute, subacute-chronic, and recanalization period. In most cases, the flow in the vessel is re-established within nine weeks without any treatment, and the condition recovers in four to six weeks.⁵ The treatment of this condition involves medical measures and surgery. Surgical therapy involves thrombectomy and the resection of the superficial vein of the penis. The symptomatic cases exhibiting no flow on Doppler examination after Week 6 were considered to be resistant to medical therapy. These cases must be offered surgical therapy.

Case report

Clinical features

A 36-year-old male patient presented with penile induration that felt like a thin, ropy cord occurring after prolonged

sexual intercourse. The patient reported pain for the last one week that increased with erection. The physical examination revealed superficial vein thrombosis that measured 8 cm from the dorsal penis to the left inguinal area and was painful on palpation (Fig. 1). The other superficial veins were not palpable. There was no penile edema or hyperemia. The patient had an active sexual life. The patient did not have a remarkable history for sexually transmitted diseases. The patient was a smoker and he had type II diabetes mellitus in his past medical history. The patient did not report any problems with tendency to thrombosis. All laboratory results including blood glucose level and HbA1c were within normal ranges.

MRI findings

Sagittal MRI sequences of the penis revealed a thrombosis in the superficial vein of the penis under the skin on the dorsal penis (Figs. 2 and 3). Doppler USG of the penis supported the diagnosis with the lack of flow in the superficial vein of the penis due to thrombosis. The Doppler USG also showed

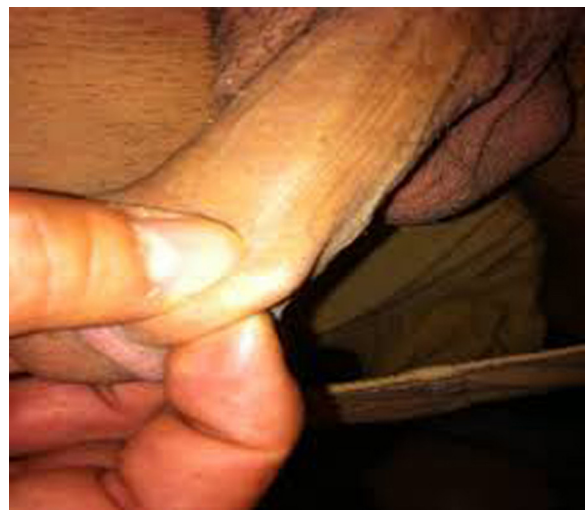


Figure 1 The palpable thrombotic superficial vein of the penis.

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