Hypothetical Factors that may Affect the “Reported” Prevalence of Mondor’s Disease

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To the Editor The review of Mondor’s disease by Amano & Shimizu is of great interest, as they were able to provide a thorough depiction of this disease (1). The authors summarize the epidemiology of Mondor’s disease, especially when involving the breast, and introduce data from previous studies. According to their review, the incidence of Mondor’s disease ranges from 0.07% to 0.96%, with a female: male ratio of 9-14:1. Furthermore, 5% of Mondor’s disease cases are reportedly associated with breast cancer. However, the exact prevalence of the disease remains unknown.

We propose three hypothetical factors to explain this remarkably low, unbalanced incidence between sexes.

First, since Mondor’s disease is a self-limited disease, patients may not always seek medical attention; therefore, its prevalence may only appear to be lower. Second, the difference in prevalence between men and women may be due to differences in the actual behavior of men and women in dealing with medical concerns. When a woman detects a painful induration in her breast, her motivation to seek medical attention is likely to be high due to concerns about possible breast cancer. In contrast, when a man with Mondor’s disease is in a similar situation, he may not necessarily visit a medical institution if his pain is within tolerable limits. Furthermore, women are more likely to visit medical clinics than men in general. Third, differences in the ability of physicians to diagnose Mondor’s disease may affect the “reported” prevalence. Mondor’s disease may be more common in the field of breast surgery than in internal medicine, given that most previous studies on breast Mondor’s disease have been reported by breast surgeons. Women who are concerned about breast cancer tend to visit a breast clinic, where a correct diagnosis can be easily made. In contrast, men with chest pain are likely to visit a physician who has little knowledge or experience in diagnosing Mondor’s disease, resulting in a reduced chance of obtaining a precise diagnosis.

In summary, women may have easier access to medical institutions where physicians are familiar with Mondor’s disease than men, who also seldom seek medical attention at all and thus may not be correctly diagnosed.

Based on our experience, the notion that Mondor’s disease is a “rare” disease with a remarkable difference in prevalence by sex might be incorrect. As the foundation of future studies, this review will greatly aid internists in diagnosing Mondor’s disease when patients present with breast pain, which is a symptom of this disease.

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