

Mondor's Disease of the Penis

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A 36-year-old male presented to the emergency department (ED) complaining of "lumps in my penis." The patient described 2 firm, raised areas on the dorsum of his penis that had been present 1 week. He had no pain at rest or with palpation but mild discomfort with erection. He denied trauma, dysuria, hematuria, or discharge. He had no prior medical history and took no medications.

On physical exam, the patient had 2 palpable, firm cords wrapping around the dorsum of his penis just proximal to the glans (Figure). The affected area was non-tender and without swelling, erythema, or warmth. The skin was intact without lesions or signs of trauma. The rest of his exam was normal.

An ultrasound showed 2 short areas of non-compressibility consistent with superficial venous thrombosis. The urology consult recommended conservative treatment with non-steroidal anti-inflammatory drugs and warm compresses. When the patient was called 2 days after ED presentation, he reported that his symptoms had almost completely resolved.

Penile superficial venous thrombosis is an uncommon and little known benign genital condition; the largest case series in the literature describes 25 patients.¹ The incidence is unknown and the condition may occur more frequently than reported given its benign symptomatology, frequent spontaneous resolution, and the possibly embarrassing nature of the complaint.

Penile Mondor's disease affects sexually active men of any age. No specific cause has been determined, but detailed history frequently reveals prolonged or vigorous sexual intercourse causing stretching and torsion of penile veins. The disease has also been associated with other risk factors for localized and generalized clot formation.^{1,2}

Conservative treatment is effective in the vast majority of patients.¹ For clots persisting longer than 6 weeks or persistent symptoms despite medical management, thrombectomy or superficial penile vein resection may be recommended.^{1,2}



Figure. Visible cords on the dorsolateral penis.

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REFERENCES

1. Al-Mwalad M, Loertzer H, Wicht A, et al. Subcutaneous penile vein thrombosis (Penile Mondor's Disease): pathogenesis, diagnosis, and therapy. *Urology*. 2006;67:586-588.
2. Kumar B, Narang T, Radotra BD, et al. Mondor's disease of penis: a forgotten disease. *Sex Transm Infect*. 2005;81:4802.