Superficial Dorsal Penile Vein Thrombosis
(Penile Mondor’s Disease)

H. ÖZKARA, E. AKKUŞ, B. ALICI, H. AKPINAR, H. HATTAT
Department of Urology, Sexual Dysfunction Center, Istanbul University,
Cerrahpaşa School of Medicine, Istanbul, Turkey

(Accepted January 8, 1996)

In our center between 1992 and 1994 penile Mondor’s disease (superficial
dorsal penile vein thrombosis) was diagnosed in 5 patients aged 20–39 years. In
all patients the thromboses were noted 24–48 hours after a prolonged sexual act with
or without an intercourse. The main symptom was a cord-like thickening of the super-
ficial veins, which were painless or slightly painful. Doppler examination of the
superficial dorsal vein revealed obstruction of the vessels. In 2 patients the retroglan-
dular plexus was also involved. Patients were treated with anti-inflammatory medica-
tions (Tenoxicam or Ibuprofen). The resolution of the thrombosis occurred unevent-
fully within 4–6 weeks. No recurrence or erectile dysfunction was noted in any of
the patients. Penile Mondor’s disease is a benign pathology of the superficial dorsal
penile vein and should be taken into account in the differential diagnosis of penile
pathologies.

Introduction

Thrombosis of the superficial dorsal penile vein presents as a cord-like
swelling or thickening on the dorsal side of the penis. Because thrombosis
of the superficial dorsal penile vein resembles superficial venous thrombosis of
the chest, a well-known disease described by Mondor in 1939 [1], is also
called penile Mondor’s disease. Isolated superficial dorsal penile vein thrombo-
sis was first reported in 1958 by Helm and Hodge [2]. Patients with the disease
consult a physician usually because of fear of a malignancy, venereal disease
or possibility of impotence. It is a rarely reported benign pathology of the
penis; in the literature only 41 cases have been published [2–10]. Discussions
with colleagues indicate that many cases have not been reported, because this
lesion has not been well known among urologists and andrologists.

We report our experience of 5 cases with penile Mondor’s disease achieved
at our Center between 1992 and 1994, and stress attention of physicians to this
condition, to be diagnosed and treated correctly.
**Method**

Five cases of penile Mondor's disease were suspected through careful histories and physical examinations (Table 1). Urinalysis and complete blood count were normal in all cases. Blood flow in the superficial vein of the penis was also evaluated by using a bi-directional Doppler 7.5 MHz (Life-Tech. Inc. Cavrolab Model 1621). Venous occlusion and recanalization of the veins during follow-up were diagnosed as previously described [5]. Four patients were followed up for 1 year. No recurrence or erectile dysfunction was noted during follow-up.

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Cause</th>
<th>Symptom</th>
<th>Recanalization period (weeks)</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1</td>
<td>39</td>
<td>Sexual act without intercourse</td>
<td>Painless cord</td>
<td>4</td>
</tr>
<tr>
<td>Case 2</td>
<td>23</td>
<td>Sexual act without intercourse</td>
<td>Painless cord</td>
<td>6</td>
</tr>
<tr>
<td>Case 3</td>
<td>20</td>
<td>Prolonged sexual intercourse</td>
<td>Painless cord</td>
<td>4</td>
</tr>
<tr>
<td>Case 4</td>
<td>31</td>
<td>Prolonged sexual intercourse</td>
<td>Slight pain &amp; cord + RGP inv*</td>
<td>6</td>
</tr>
<tr>
<td>Case 5</td>
<td>25</td>
<td>Prolonged sexual intercourse</td>
<td>Mild discomfort &amp; cord + RGP inv*</td>
<td>Lost to follow-up</td>
</tr>
</tbody>
</table>

*Retroglandular plexus involvement.

**Case reports**

*Case 1.* A 39-year-old physician has presented with a 1 week history of a painless cord on the dorsal aspect of the penis one day after a prolonged sexual act without intercourse. Genitourinary examination disclosed the lesion, but was otherwise normal and Doppler examination revealed occlusion of the dorsal penile vein. He was afraid of any possibility of impotence. He started himself on Tenoxicam 20 mg once a day. The Doppler signals reappeared 4 weeks after onset of the cord. The cord-like thickening resolved after 6 weeks and the patient remained symptom-free.

*Case 2.* A 23-year-old medical student noted a painless cord-like induration of the superficial dorsal vein the next day after a sexual attempt without intercourse (Fig. 1). He was admitted to our Center three days after the onset of thrombosis which lasted longer than he had expected. Doppler examination did not reveal venous flow in the superficial dorsal vein. He was administered Ibuprofen 400 mg three times a day. The cord-like induration resolved and Doppler signals reappeared after 6 weeks.