

CLINICAL VISTAS

Idiopathic granulomatous mastitis lesion mimicking inflammatory breast cancer

A 30-year-old schoolteacher, primiparous, came to our clinic at 4 months postpartum with a 3-month history of a painful swelling in her left breast. It had already been drained on several occasions. She had no history of fever, trauma or use of oral contraceptives; her family history was positive for breast cancer.

A physical examination revealed ulcerated peau d'orange skin (Fig. 1) above a firm, tender, 8–10 cm mass with an ill-defined border and multiple sinuses, in her left breast. Ipsilateral axillary nodes were palpable. Her hemoglobin level was 110 g/L; leukocytes, 5400/mL. Her erythrocyte sedimentation rate was in the normal range, and a radiograph of her chest appeared normal. Results of a Mantoux test were negative. Ultrasound showed a lobulated, homogeneously hypoechoic 4-cm mass in her left breast. Results of an incisional biopsy reported numerous confluent non-necrotizing granulomas composed predominantly of Langhans-type giant

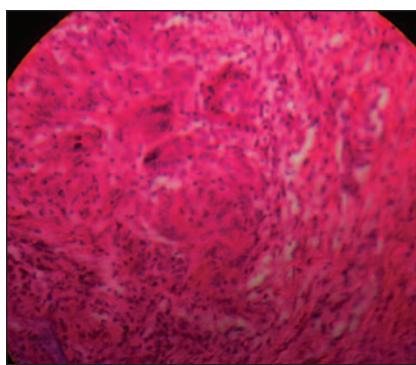


Fig. 2: Confluent nonnecrotizing granulomas with giant cells.

cells with some lymphocytes (Fig. 2).

In our differential diagnosis, we considered tuberculosis, sarcoidosis and fungal granuloma in addition to granulomatous mastitis. In light of the normal Mantoux results, chest radiograph and erythrocyte sedimentation rate, we proceeded with a working diagnosis of idiopathic granulomatous mastitis. We prescribed prednisolone, 20 mg/d; the sinuses and ulcers resolved within 3 weeks (Fig. 3).

Idiopathic granulomatous mastitis, sometimes referred to as postlactational tumoral granulomatous mastitis,¹ is a rare, benign breast disorder that mimics inflammatory breast cancer. It

usually appears during lactation, as a firm, discrete, unilateral mass, and accounts for 0.44%–1.6% of all breast biopsy specimens.^{2,3} Fine-needle aspiration biopsy does not provide a reliable diagnosis. Over 30 case reports and case series describe it, the largest involving 26 patients.⁴ Management ranges from conservative measures to the use of corticosteroids and, rarely, excision.

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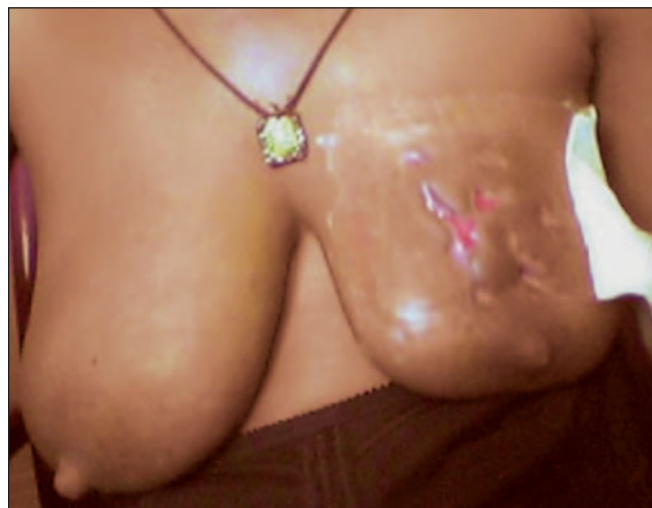


Fig. 1: Patient with a firm mass having multiple sinuses, in her left breast, before treatment. Note the breast asymmetry.



Fig. 3: Breast after treatment, with disappearance of the mass and peau d'orange skin.