

## Breast Inflammation of Uncertain Origin

Carmen Gabaldo Peidro<sup>1\*</sup>, Rocio De Andrés Gonzalez<sup>2</sup> and Estefanía Laviano Martínez<sup>1</sup>

<sup>1</sup>General Surgery, Calahorra Hospital Foundation, La Rioja, Spain

<sup>2</sup>Gynecology, Calahorra Hospital Foundation, La Rioja, Spain

**\*Corresponding Author:** Carmen Gabaldo Peidro, General Surgery, Calahorra Hospital Foundation, La Rioja, Spain.

**Received:** May 03, 2022; **Published:** May 26, 2022

### Abstract

Granulomatous mastitis is a rare inflammatory breast disease. It usually occurs in premenopausal patients and its ethology is unknown.

The appearance of a unilateral inflammatory breast tumor is usually the most frequent clinical finding.

Clinically and radiologically it is very similar to breast carcinoma or tuberculosis. We must take into account this pathology especially in case of negative persistent cultures and inconclusive biopsies.

The diagnosis is obtained by biopsy. Histologically we will find a chronic granulomatous necrotizing lobulitis with microabscesses.

The treatment of this disease consists of antibiotic therapy prior to corticosteroids, in cases of poor evolution methotrexate can be added.

**Keywords:** Breast Inflammation; Granulomatous Mastitis

### Introduction

Granulomatous mastitis is a rare inflammatory breast disease. It usually occurs in premenopausal patients and its ethology is unknown.

### Case Summary

A 43-year-old woman with a history of chronic mastitis goes to the emergency room for breast inflammation. Abscess drainage is performed on 20/1/2022 and antibiotic therapy with amoxicillin-clavuramic. He comes again on 5/2/2022 for worsening of the clinic. Treatment with ciprofloxacin is initiated. On examination, an indurated area of 5 - 6 cm is presented in the upper interquadrants of the left breast with continuity solution in the upper area of 1 cm through which purulent content spontaneously drains. Cultures are taken by isolating: *Corynebacterium equi*.

Given the clinical worsening, ultrasound is performed (Figure 1) showing a heterogeneous collection of 4x3cm (center of the collection 3cm from the surface) in the middle compartment of the CSE and ICS, which associates fistulous paths to the skin surface.

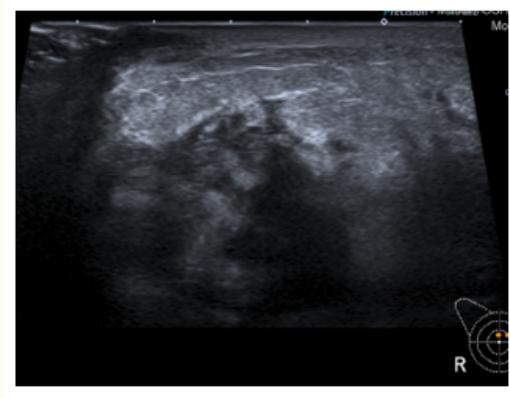


Figure 1

With the findings, new drainage of the abscess is decided (Figure 2) in the operating room, where a solid, indurated mass of about 6 cm is objectified. Biopsies are taken. In pathological anatomy they rule out tumor tissue and objectify chronic inflammation.



Figure 2

After admission, he is referred to the Breast Unit to rule out tumor pathology.

Ultrasound-guided BAG is performed (Figure 3) and new cultures are taken. Cultures are negative and pathological anatomy describes: granulomatous mastitis, sclerosing adenosis with microcalcifications. Flowery intraductal epithelial hyperplasia without atypia.

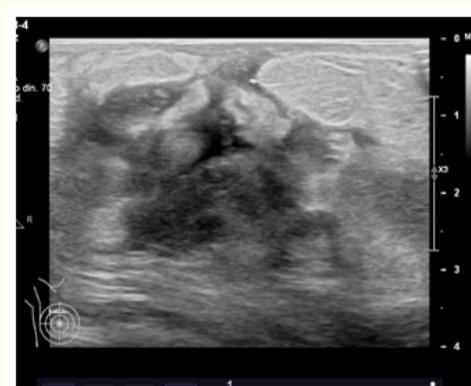


Figure 3

Treatment with corticosteroids with satisfactory evolution is initiated.

### Discussion and Conclusion

Granulomatous mastitis is a benign but rare entity of the breast of unknown cause that resembles a carcinoma.

The etiology is unknown although some authors suggest autoimmune origin.

It usually occurs in premenopausal patients around the age of 40. It usually presents as a fistula or abscess, erythema or inflammation and in most cases, as a unilateral, firm, non-indurated mass with inflammatory signs. It can associate lymphadenopathy.

The diagnosis is one of exclusion. It is important to rule out breast carcinoma. Imaging tests such as mammography, ultrasound or MRI are inconclusive so it is important to perform a biopsy. Histological examination will reflect an inflamed, granulomatous stromal reaction, composed of epithelioid histiocytes and multinucleated giant cells with absence of caseous necrosis.

The differential diagnosis from the histopathological and clinical point of view arises with other granulomatous processes, such as mammary tuberculosis, *Mycobacterium avium* complex in immunocompromised patients. Also, sarcoidosis, cat scratch disease, granulomatous reaction in breast cancer, fat necrosis, ductal ectasia, acute mastitis, Wegener's granulomatosis, *Taenia solium* infection, *Salmonella typhi* and *Histoplasma capsulatum*.

The treatment of this disease consists of antibiotic therapy prior to corticosteroids, In cases of poor evolution Methotrexate can be added.

The recommended dose of corticosteroids is 60 mg/kg daily. Which can also be used before and after performing some surgical intervention and for recurrences.

Subsequent follow-up should be done in the long term, since they present a large percentage of recurrences [1-7].

### Bibliography

1. M Jimenez González and A Melero López. "Mastitis granulomatosa". Elsevier Volume 42. Number 3 (2015): 141-144.
2. Tuli R., et al. "Idiopathic granulomatous mastitis masquerading as carcinoma of the breast: A case report and review of the literature". *International Seminars in Surgical Oncology* 4 (2007): 21.
3. Akbulut S., et al. "Methotrexate in the management of idiopathic granulomatous mastitis: Review of 108 published cases and report of four cases". *Breast Journal* 17.6 (2011): 661-668.
4. Hugon-Rodin J., et al. "Management of granulomatous mastitis: A series of 14 patients". *Gynecological Endocrinology* 28.11 (2012): 921-924.
5. Gurleyik G., et al. "Medical surgical treatment of idiopathic granulomatous lobular mastitis: A benign inflammatory disease mimicking invasive carcinoma". *Journal of Breast Cancer* 15.1 (2012): 119-123.
6. Peña Santos G and Ruiz Moreno JL. "Granulomatous mastitis treated with steroids and methotrexate". *Ginecología y Obstetricia de Mexico* 79.6 (2011): 373-376.
7. Alonso Amigo MA., et al. "Mastitis granulomatosa". *Progresos de Obstetricia y Ginecología* 54 (2011): 144-147.

**Volume 5 Issue 6 June 2022**

**© All rights reserved by Carmen Gabaldo Peidro., et al.**