



GRANULOMATOUS MASTITIS - A DILEMMATIC CASE SERIES

Surgery

Dr. Vaishnavi Sabnis

Junior Resident, Department of General Surgery, Indira Gandhi Government Medical College Nagpur, Maharashtra

Dr. Mukteshwar Deshmukh

Associate Professor, Department of General Surgery, Indira Gandhi Government Medical College Nagpur, Maharashtra

KEYWORDS

INTRODUCTION

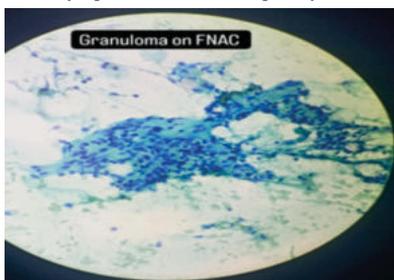
- Granulomatous Mastitis is a rare chronic inflammatory breast condition which occurs around lobules and ducts in absence of specific infection, trauma or evidence of sarcoidosis.
- Because aetiology of Granulomatous Mastitis is not clear and it is a diagnosis of exclusion, it can be heterogeneous disease with variable clinical presentation such as the most common clinical presentation is a firm unilateral, discrete breast lump, often associated with an inflammation of the overlying skin along with pain. Nipple retraction and even a sinus formation are present.
- In relation with clinical presentation, the closest differentials are carcinoma breast and tuberculosis of breast, which should be ruled out before diagnosing the case as granulomatous mastitis.
- Hereby reporting 3 cases of granulomatous mastitis with different presentations and different line of management in each case.

Case 1 :

A 36 year old female presented with lump in right breast since 3 months. On examination 4x3cm of mobile lump present in right lower quadrant with no signs of inflammation. Fine needle aspiration cytology was suggestive of granulomatous mastitis.

Intraoperatively, 10cc pus was drained and sent for CBNAAT and underlying lump excised and sent for histopathological examination. Wound was kept open. CBNAAT was negative and histopathology report was suggestive of granulomatous mastitis.

suturing was done on 7th day post surgery with suction drain and patient was started on Tablet dexamethasone 4mg BD along with antibiotics. After suture removal, antibiotics were stopped and dexamethasone was tapered off. Symptoms resolved completely within 90 days.



Case 2

A 26 year old female presented with lump in left breast associated with pain since one month. On examination, 4x4cm of mobile lump was present in inner upper quadrant of left breast with no signs of inflammation.

Ultrasonography was suggestive of inflammatory changes suggestive of evolving abscess. Intraoperatively, lump of 5x4x4cm was excised and sent for Histopathological examination. A suction drain was kept and patient was started on antibiotic therapy. Histopathological report was suggestive of granulomatous mastitis.

After 21 days, evidence of discharge without inflammatory signs present at site of one suture; other suture sites healed within 15 days. Culture of the discharge was negative. Patient is started on dexamethasone 4mg BD.



Case 3

A 33 year old female presented with complaints of lump in right breast associated with pain since 5 months. On examination, 5x3cm lump was present in retroareolar region extending into all quadrants of right breast, with signs of inflammation, skin changes, nipple retraction, ulceration and pus discharge. Fine needle aspiration cytology was suggestive of granulomatous mastitis. Patient was started on antibiotic therapy and showed positive response.

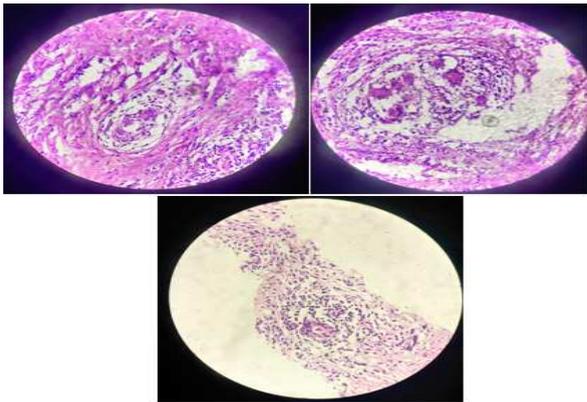
After one month, patient had similar complaints. Intraoperatively, 5cc pus was drained and sent for CBNAAT and underlying tissue was sent for histopathological examination. Histopathological report was suggestive of granulomatous mastitis. CBNAAT was negative. Patient is started on tablet Dexamethasone 4mg BD.





Investigations

- Ultrasonography (USG)
- Fine needle aspiration cytology (FNAC)
- Tru cut biopsy
- Cartridge based nucleic acid amplification test (CBNAAT)
- GeneXpert
- Excisional biopsy



Management

Antibiotics and NSAIDS - for decreasing the inflammatory reaction and subside the superadded infections.

- **Steroids** - Anti-inflammatory action of steroids is found to reduce the size of the lump as well as relieve other symptoms.
- **Incision and drainage** - In some cases the inflammation along with the super added infections causes purulent collection which needs to be drained immediately. In such conditions the wound is kept open and daily dressings are done.
- **Wide local excision** - It is done when all other measures fail to relieve the symptoms. It is advised to keep a suction drain.

DISCUSSION

Granulomatous mastitis is an uncommon condition which has a rising trend. It is generally seen in women in the age group of 25-40 years of age.

It most commonly presents with a chronic lump in unilateral breast associated with pain and inflammatory changes. It is necessary to diagnose the disease at the earliest as the differentials are carcinoma of breast, breast abscess as well as tuberculosis of breast. And the management of each disease is varied.

The management depends on the severity of the symptoms and the extent of the disease. Following flow chart gives the idea of managing the condition.

