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CASE REPORT

AN UNUSUAL CASE OF GRANULOMATOUS MASTITIS IN MALE PATIENT

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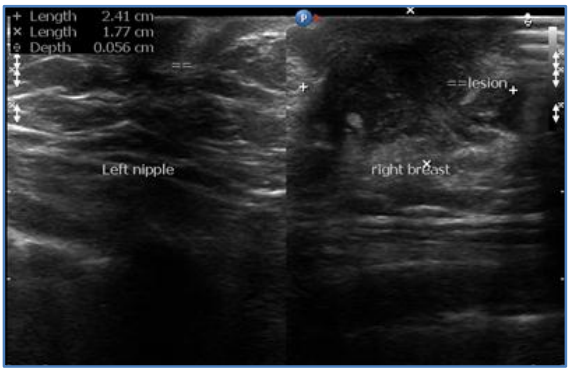
ABSTRACT: Granulomatous mastitis is a very rare breast inflammatory disease of unknown origin that can clinically mimic carcinoma of breast.(1) It mainly affects young women of child bearing age, but has been reported in men and elderly women as well.(2) Here we report an unusual case of granulomatous mastitis diagnosed after breast biopsy. The patient is 65 years old man having swelling in right breast since a year. There was history of trauma a year back. There was no family history of breast carcinoma and patient had no significant personal history. Consequently, ultrasonography of right breast was done which revealed breast abscess.

INTRODUCTION: Granulomatous mastitis is a rare benign disease, first described by Kessler and Wolloch in 1972. The most common clinical presentation is a unilateral firm, discrete breast mass often associated with inflammation of surrounding skin, but bilateral involvement has been reported. Because clinically this lesion stimulates carcinoma, definitive diagnosis is made using histopathology/ as the clinical presentation and radiological imaging of idiopathic granulomatous mastitis can mimic two common breast diseases, mastitis with abscess and breast carcinoma, a tissue biopsy is required for histopathological diagnosis. The lesion is characterized histologically by primary lobulocentric granulomas which often contain neutrophils. Foci of necrosis may be present within granuloma, but the caseous necrosis is not seen. Other causes such as granulomatous inflammation such as infection, sarcoidosis, and reaction to foreign materials were excluded.(3)

CASE REPORT: Here we report a case of 65years old man with swelling of right breast since a year and history of trauma a year back. The patient was referred from outside to our Radiology department. Ultrasonography of right breast was done which revealed ill-defined heterogeneous predominantly hypoechoic collection seen with internal echoes measuring 2.4x1.7x1.7cm (Approximately measuring 4cc) in areolar region (3'oclock position) with inflammation of adjacent breast parenchyma. This was diagnosed sonographically as breast abscess. Left breast was completely normal.



Hypoechoic Collection in Areolar Region with Surrounding Inflammation in Right Breast

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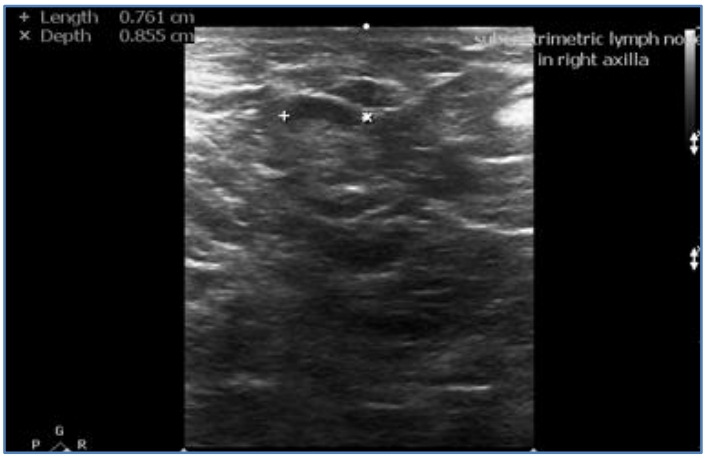
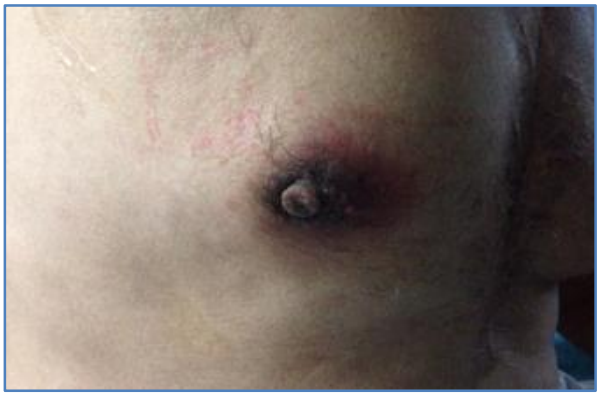


A Subcentrimetric Lymph Node in Right Axilla

On examination: A single, firm to hard, immobile, non-tender lump in right breast in areolar region at 3 o clock position measuring 2x2cm was noticed. Skin adjacent and overlying the swelling was reddish.



A proven diagnosis was given on histopathology which revealed well-formed epithelioid cell granulomas along with neutrophils, histocytes and lymphocytes against a necrotic background. Also seen were multiple foreign bodies and Langerhans type of giant cells.

DISCUSSION: The aetiology is still unclear. Kesser and Wolloch proposed as autoimmune pathogenesis.[4] Others include trauma, infection. Granulomatous mastitis within the breast may be secondary and represent a manifestation of systemic disease such as Wegener's Granulomatosis, sarcoidosis, diabetes mellitus and connective tissue disorders. Mammography features are variable, ranging from normal findings in patients with dense breast to masses with benign/ malignant features and focal asymmetric density, most frequently described abnormality. Reactive lymph-adenopathy is found to be reported in 15 % of cases.[2]

The recommended treatment of granulomatous mastitis is complete resection or corticosteroid therapy.[5] Resection is complicated by fistulae, abscess formation/chronic suppuration. Recurrence is common problem and without surgical management, patient may undergo a chronic progressive clinical course. Long term follow–up is essential.[6]

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