

# A Rare Case of Idiopathic Granulomatous Mastitis

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## Introduction

Idiopathic Granulomatous mastitis (IGM) is an uncommon, chronic inflammatory breast condition that causes granulomatous changes to occur around the lobules and ducts of the breast. It typically presents as a unilateral, inflammatory breast mass located in the periphery. IGM can mimic common breast disorders such as breast carcinoma and breast abscesses. Given the fact that IGM is often a diagnosis of exclusion with non-specific clinical findings, it is pertinent that physicians understand the histopathology and associated radiologic morphology, as well as the available treatment options. The presented case report reviews a case of idiopathic granulomatous mastitis in a 47-year-old female, with emphasis on disease progression and clinical presentation, treatment/management and recurrence monitoring.

## Imaging and Diagnostics

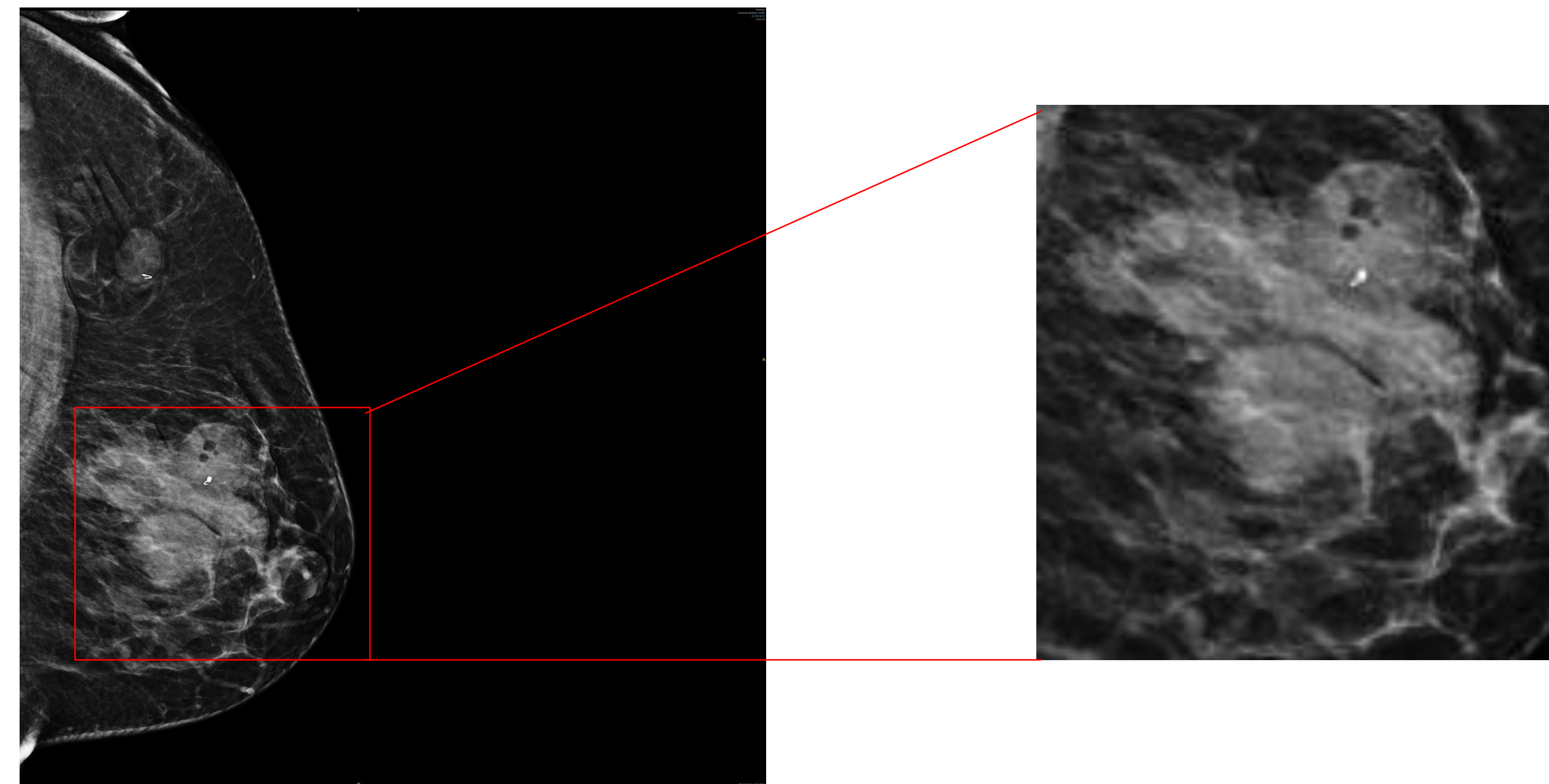


Figure 2 [Mediolateral oblique (MLO) view of L breast]

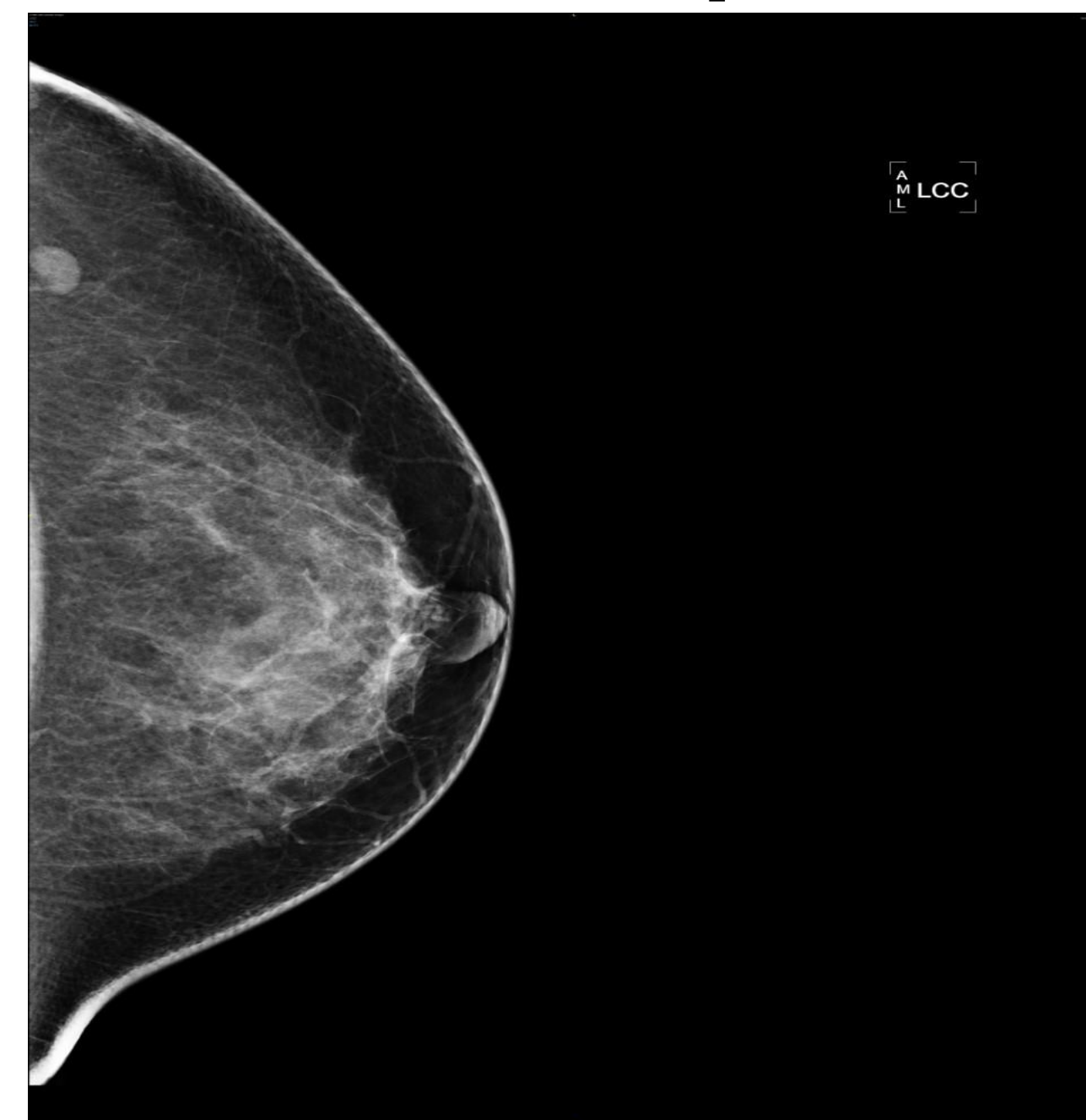


Figure 3 [Cranial caudal (CC) view of L breast]

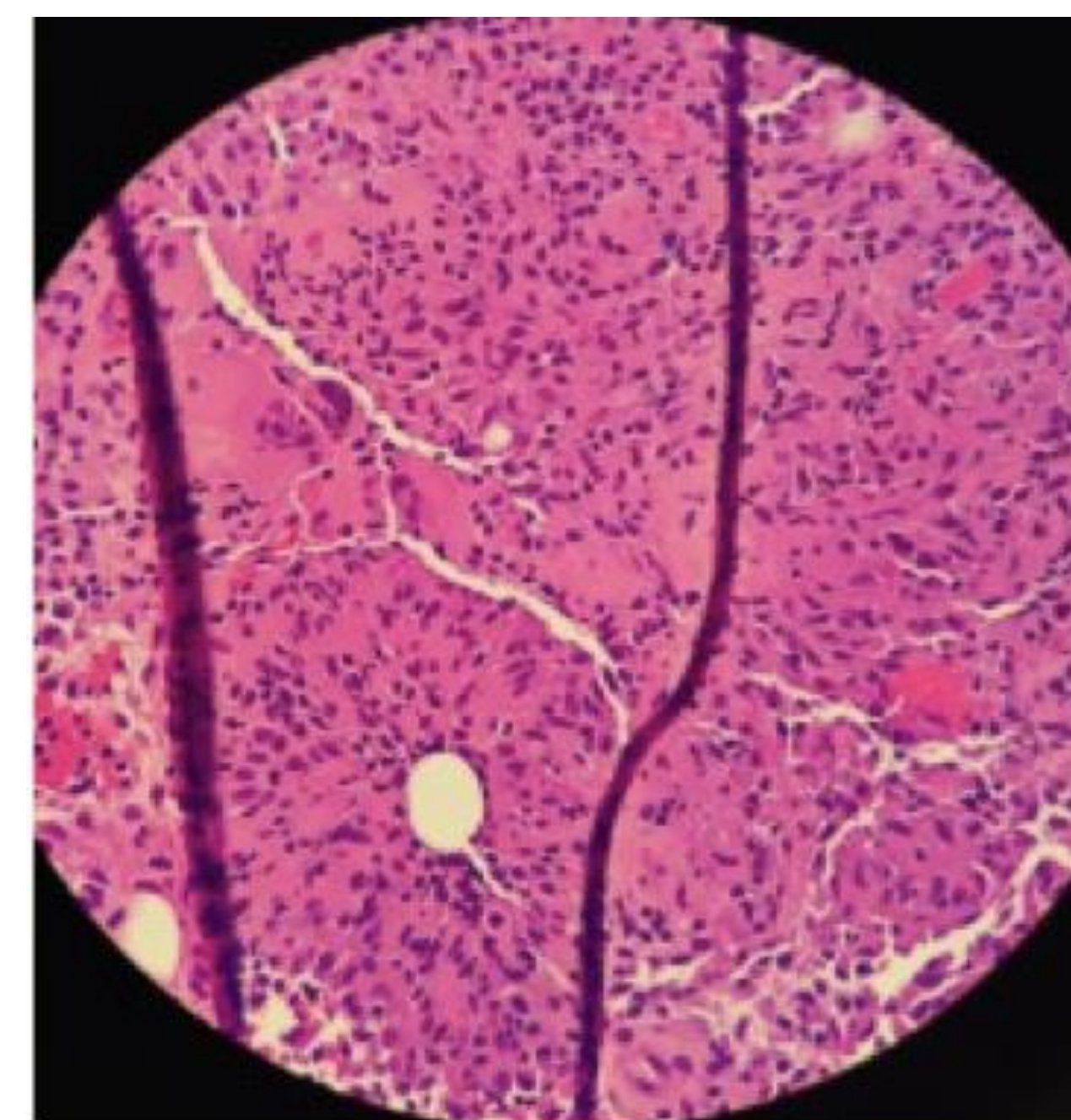


Figure 4 [H&E stain, multinucleated giant cell reaction]

Interpretation and Final Diagnosis (As read on official pathology report):

1. Breast, left, biopsy
  - Granulomatous mastitis
  - Occasional binucleated atypical plasma cells are present (favor reactive).
2. Lymph node, left axillary, biopsy
  - Benign lymph node tissue

## Management and Treatment

- Biopsy results showed IGM with benign lymph node tissue
- Patient was informed that IGM is a self-limiting inflammatory condition that resolves over the course of several months. Complete resolution may take 9-12 months.
- Surgical excision was advised against due to association with slow wound healing
- The patient's condition seemingly resolved over the next few months with no additional complaints of recurrence.
- Pain was managed conservatively with NSAIDs (Ibuprofen- MOTRIN IB, 200 MG TID for up to 14 days)
- 6 month repeat mammogram ordered.
- Patient was lost to follow up several months later

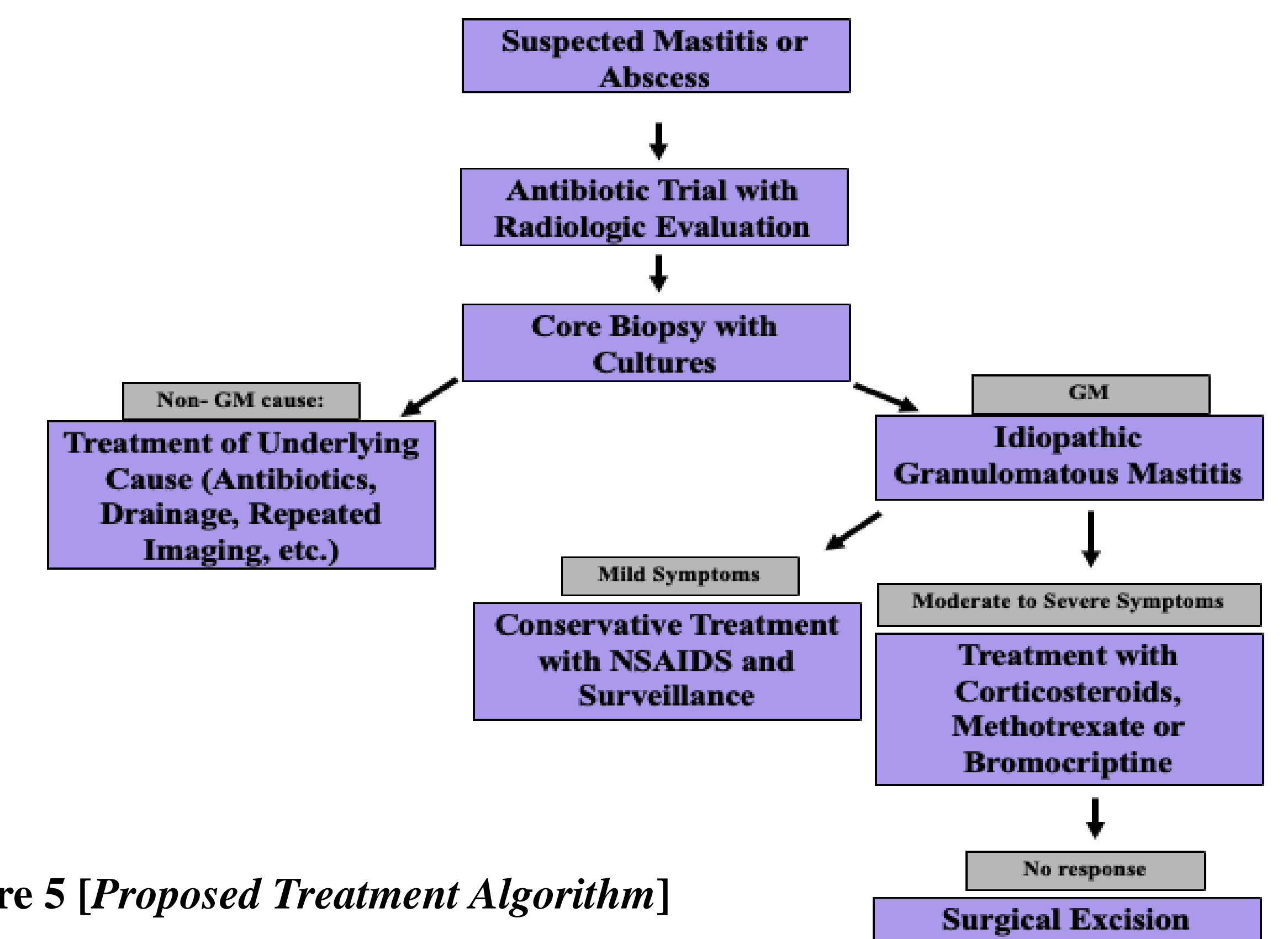


Figure 5 [Proposed Treatment Algorithm]

## Case Summary

- 47-year-old Spanish speaking female with a past medical history of endometriosis, ovarian cysts with right oophorectomy, hyperlipidemia and obesity presented to the ED with complaints of acute worsening pain in her left breast.
- First noticed the pain 3 months prior
- Reported that the pain occurred in a cyclic pattern, beginning 2 weeks before her menstrual period each month
- Physical exam findings showed a 4x6 fixed, lobulated, tender left breast mass with nipple enlargement, concerning for malignancy.
- Mammography revealed a large, mass-like focal asymmetry in the outer left breast with irregular spiculated margins
- Biopsy showed non-caseating granulomatous inflammation and occasional binucleated atypical plasma cells consistent with idiopathic granulomatous mastitis
- The left axillary node biopsy showed benign lymph node tissue

## Conclusion

*This case highlights the importance of biopsy in distinguishing between malignancy and inflammation even in cases where clinical and radiological findings are highly suspicious.*

## References

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