

Granulomatous Mastitis - A Single Center Experience

Yeo Jia Ying, Antoine Wong Cheng Tong, Xu Guiqin Germaine Germaine Breast & General Surgical Clinic, Singapore

Introduction

Granulomatous mastitis (GM) is a rare chronic inflammatory breast condition that mimics inflammatory breast cancer and is often underdiagnosed or misdiagnosed. The exact etiology of this condition remains unclear, though autoimmune and hormonal factors have been implicated.

Methodology

We performed a retrospective analysis of a case series of 42 patients with granulomatous mastitis diagnosed histologically in the period of July 2018 to December 2024.

| Demographics | All females Median age: 37 years (29-71 years) Majority race: Chinese (41/42) | | 9.5% were nulliparous Median parity: 1 (Range: 0-3) 50% had history of recent breast-feeding in the last 2 years Two patients had a history of |
|--|--|----------------------------|--|
| Presentation Open 400 Breast abscess on ultrasound | 66.7% presented with pain; Median: 7 days (3-60 days) 78.6% developed unilateral breast lump or swelling 14.6% developed fever at presentation 42.9% had redness at involved breast Median size of widest dimension is 3.4cm (0.7-8.6cm) | Patient Characteristics | prolactinoma but had defaulted 1 patient had associated PCOS, 1 had newly diagnosed erythema nodosum, 1 had lung cancer, 1 rheumatoid arthritis, 1 psoriasis, and 1 sjogren's syndrome 35.7% received Pfizer or Moderna vaccination prior to presentation Median age of patients presenting after covid vaccination was 41 years (range 28-53 years) 2 got pregnant during this study of which one was terminated due to |
| Laboratory and Culture results | All patients had a biopsy to exclude breast cancer and were diagnosed with granulomatous mastitis using histology Median total white count is 8.44 x 10⁹/L (Range: 5.97-20.66 x 10⁹/L) Median C-reactive protein is 4.3mg/L (0.6-165.5mg/L) 2 patients had positive tuberculosis quantiferon and referred to ID 1 had positive fungal smear 21.4% had positive bacterial growth | Treatment | 57.1% were treated with various types of immunosuppressant therapy including prednisolone, methotrexate, azathioprine or anti-TNF injections Ultrasound guided aspiration or surgical drainage of abscess or surgical excision The remaining were managed conservatively with lifestyle changes Patients with other diseases were managed appropriately |

Conclusion

Typically granulomatous mastitis affects women of childbearing age. We have found patients with other associated autoimmune disorders as well as identified a subset of older patients whose granulomatous mastitis appear to stem from recent covid vaccination. As our study is small, a longer and larger trial is required to provide more information.

References

- Pereira et al. Idiopathic granulomatous lobular mastitis. Int J Dermatol. 2012 Feb;51(2):142-51.
- Steuer et al. Clinical Characteristics and Medical Management of Idiopathic Granulomatous Mastitis. JAMA Dermatolol. 2020 Apr; 156(4): 460-464.
- Akbulut et al. Methotrexate in the management of idiopathic granulomatous mastitis: review of 108 published cases and report of fours cases. Breast J.
- Goulabchand et al. Mastitis in Autoimmune Diseases: Review of the Literature, Diagnostic Pathway, and Pathophysiological Key Players. J Clin Med. 2020 Mar 30;9(4):958.