

Granulomatous Lobular Mastitis Manifested Rarely Two Years After Cessation Of Breastfeeding

Abirrahmi R, Umaparan G

Surgical Unit, Department of Surgery, Faculty of Medicine, University of Cyberjaya, Persiaran Bestari, Cyber 11, 63000 Cyberjaya, Selangor.

Abstract

Granulomatous lobular mastitis (GLM) is an unusual chronic inflammatory condition of the breast that affects women of childbearing age with a history of breastfeeding. The aetiology of this benign breast condition is still unknown. Hence, it is termed idiopathic granulomatous mastitis. GLM usually emerges with various clinical symptoms, including breast mass, abscess, mastalgia, skin ulceration, nipple retraction, and sinus/fistula formation. In most cases, patients usually present with an ill-defined palpable mass and radiographic features mimicking malignancy. Pathological assessment is crucial to confirm the diagnosis and to rule out differential diagnosis. GLM is diagnosed by pathologic findings of non-caseating granulomas, particularly in the lobules of the breast. Various treatment modalities have come into practice, including wide surgical excision, medical treatment with antibiotics, and corticosteroids. In most cases, the mass forming GLM appears immediately after cessation of breastfeeding. However, we present a case of a patient diagnosed to have GLM after presented to the hospital two years after cessation breastfeeding with rapidly enlarging mass over one month before the consultation.

Keywords: Granulomatous lobular mastitis, benign breast disease, breastfeeding.

Introduction

Granulomatous lobular mastitis (GLM) is an uncommon, chronic inflammatory condition of the breast initially reported in 1972 by Kessler[1]. Clinical presentation of GLM includes breast mass, breast abscess, skin ulceration, nipple retraction and sinus/fistula formation. The aetiology of GLM is still yet to be elucidated, but several key factors are believed to play an important role in the disease occurrence, including hormonal effects, microbiologic agents, and immunologic disorders [2]. This benign condition commonly affects women in childbearing, while the occurrence of the disease has been reported involving patients in the age range of 11-83 years old. Many pieces of literature have reported a strong association between GLM and breastfeeding [3,4]. Breast lobules tend to change to a secretory phenotype, and the ducts get dilated after birth due to increased breast secretions and subsequent inflammation. During lactation, the lobules remain dilated as the lobules secreted protein-rich fluid under prolactin influence. Continuous long-term breastfeeding leads to long term