



## Idiopathic Granulomatous Mastitis - A Great Mimic

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### Introduction

Idiopathic Granulomatous Mastitis (IGM) is an uncommon breast disease often mistaken for breast infection, abscess or Carcinoma. Here are two cases of IGM diagnosed after prolonged ineffective treatment of presumed infectious mastitis with abscess and carcinoma. The diagnosis was confirmed by biopsy and the patients were further evaluated to exclude other causes that would present with granulomatous formation. Many cases of IGM respond to immunosuppressant with steroids, methotrexate or extensive surgery. A diagnosing physician must have a high index of suspicion when presumed infectious mastitis and breast abscess do not respond to usual treatment [1,2].

### Case Presentation: One

A 43 year old aged woman presented with history of pain and lump her left breast which she noticed since two months. The patient consulted many clinicians, general surgeons & pulmonologists. Differential diagnoses included breast abscess, carcinoma and tuberculosis were made. She was treated for breast abscess which gave her no relief. Later, she underwent edge, wedge and trucut biopsies which revealed characteristic granulomas. MRI of the breasts is shown below (Figure 1).

### Case Presentation: Two

A 28 year old lady, referred to the outpatient clinic with history of lump in the left breast since one year which was associated with pain and also had biopsy done to rule out malignancy (Figure 2). Histopathological examination of the biopsy showed features suggestive of Granulomatous mastitis (Figure 3,4).

Both the patients were started on steroids. Both of them found relief from symptoms and the lump disappeared completely with the healing of the biopsy site ulcer.

### Conclusion

Idiopathic Granulomatous mastitis can mimic both benign as well the malignant conditions of the breast and also is a myth for both the patient and the treating physician with the characteristic remissions and relapses.

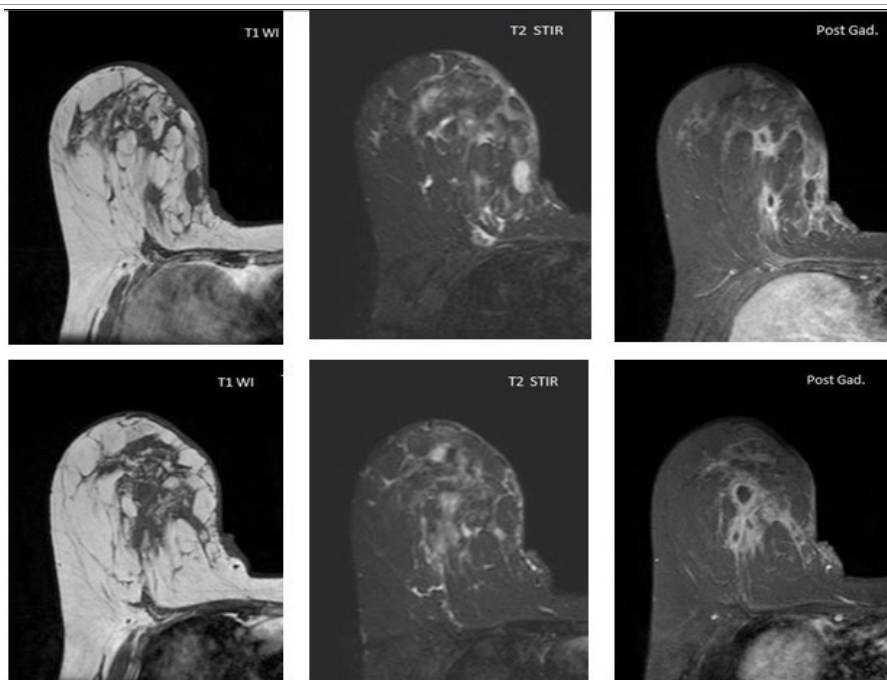
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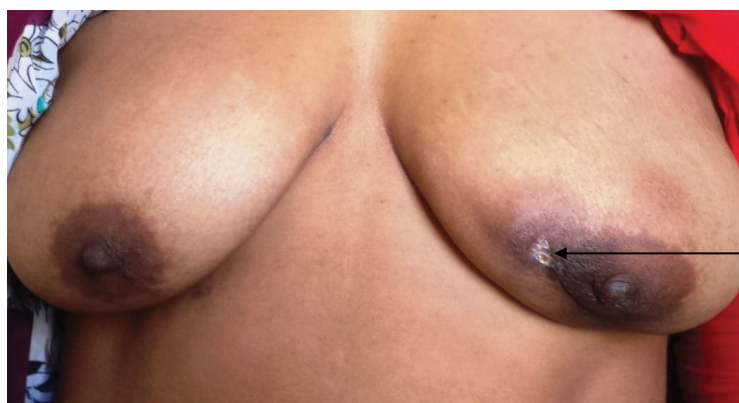
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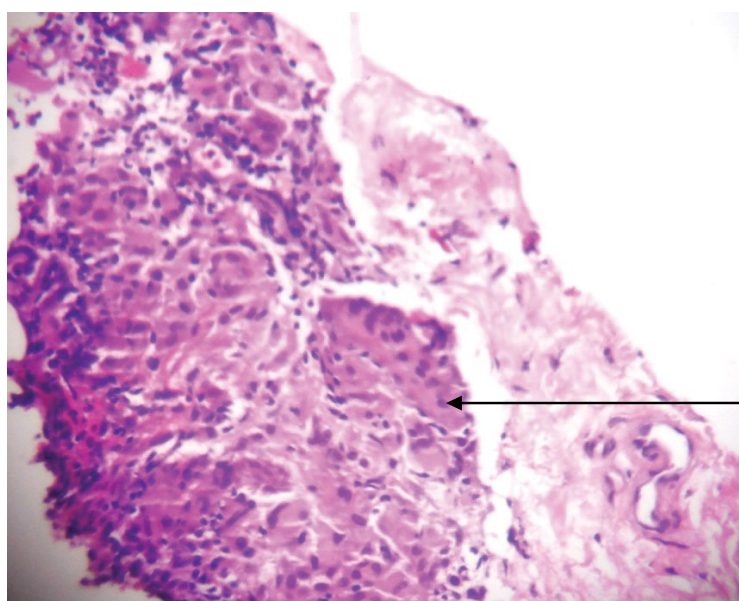
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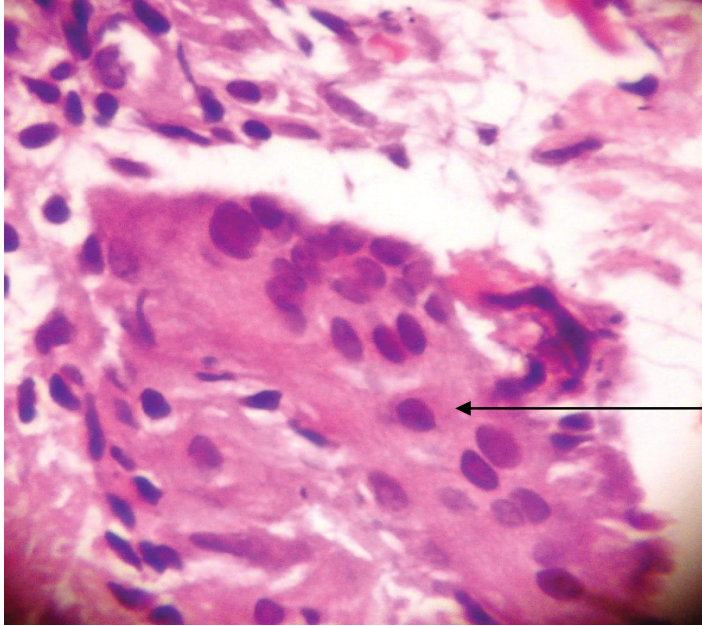
**Figure 1:** T1-weighted, T2-weighted Short Tau Inversion-Recovery (STIR) and Post gadolinium enhanced MR sequences at two axial levels show multiple peripherally enhancing lesions with irregular margins and central necrosis involving almost the entire right breast glandular tissue and skin thickening with nipple retraction



**Figure 2:** Clinical photograph with arrow at the biopsy site



**Figure 3:** Photomicrograph demonstrating the Granuloma



**Figure 4:** Photomicrograph demonstrating the Giant Cell