

Efficacy of Intralesional Steroid Injection in Chronic Granulomatous Mastitis: A Case Series

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Introduction

The optimal treatment for chronic granulomatous mastitis (CGM) remains uncertain. While systemic steroid use effectively treats CGM, it carries systemic side effects. A recent advancement is intralesional steroid injections as a novel approach. Our study aims to evaluate their effectiveness, contributing new insights to CGM treatment

Material and Methods

From August 2023 to January 2024, five female patients with chronic granulomatous mastitis were treated. A total of 9 CGM lesions (multifocal and single) were measured. Treatment involved ultrasound-guided injections of 20mg triamcinolone mixed with 5ml lignocaine. Monthly ultrasounds and repeated injections continued until resolution was achieved. Treatment responses were assessed at 1st, 3rd, and 6th months using clinical and radiological evaluations. Changes in lesion volume over time were analysed using Repeated Measures ANOVA with a General Linear Model.

Result

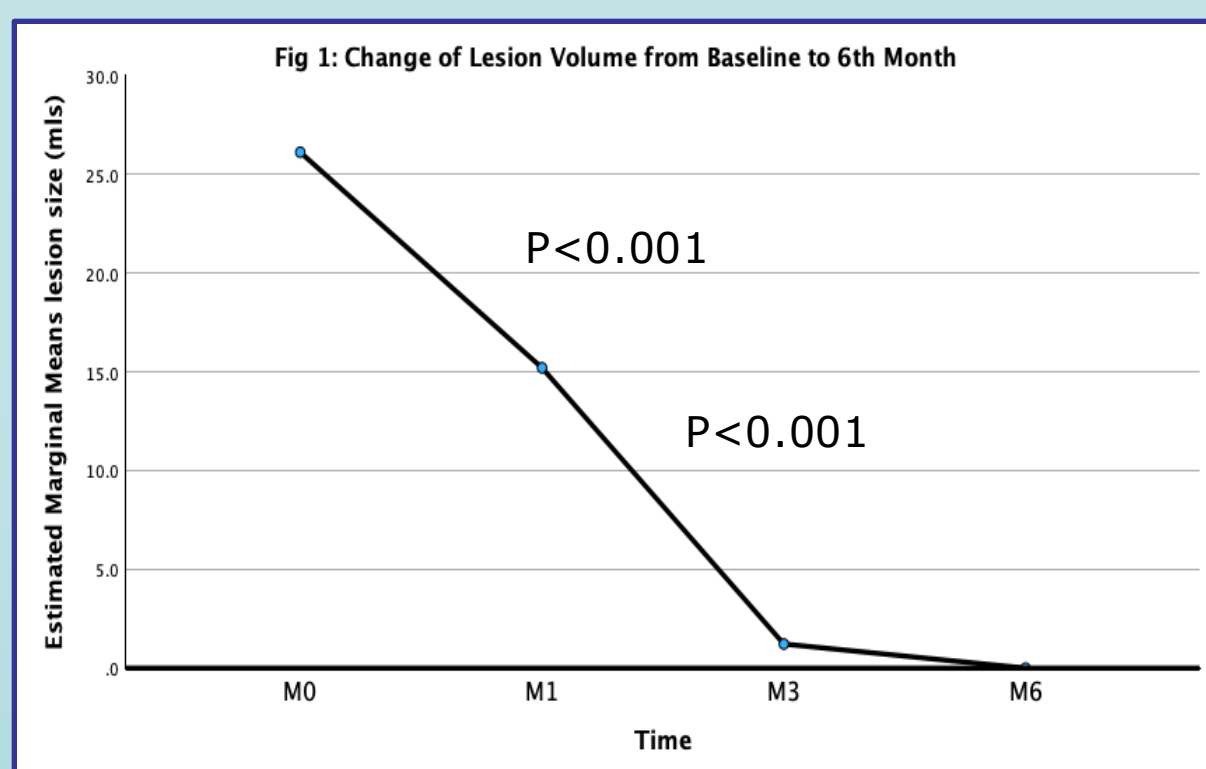


Table 1: Demographic & Clinical Characteristic

Parameter	Character	Values(n)
Age	>40	2
	<40	3
Locules	Multiple	2
	Single	3
Lactating	Yes	0
	No	5
Comorbid	Yes	1
	No	0

Data collected from 5 patients ranging age of 20-51years old over a period of 6 month .2 out of 5 patients are having single lesions .Otherwise none of these patients are lactating and has comorbid except for 1 patient who has liver cirrhosis (Table 1)

Overall, there was a significant reduction of lesion volume over the four time points (p <0.001). Pair-wise comparisons showed that this significant reduction of volume occurred between baseline and one month, baseline and three months, baseline and six months, and one month and three months. There was no significant difference between three months and six months (Fig 1). None of the patients developed complication.

Discussion

Chronic Granulomatous Mastitis (CGM) is a benign disease with an unknown cause and varied treatments including observation, oral steroids, oral methotrexate, and surgical drainage⁴. In our series, we used ultrasound-guided intralesional steroid injections as the primary treatment. While oral steroids are commonly used with a tapering regimen, they can cause systemic side effects. Intralesional steroid injections aim to deliver high concentrations of steroids locally with minimal systemic absorption. Our results, consistent with previous studies^{1,2,3}, showed 100% resolution and no side effects. Limitations in this study include a small sample size and lack of a control group. Prospective, randomized, multicenter studies with larger samples and controls are needed to validate these findings.

Conclusion

Intralesional steroid administration has shown promise in effectively treating CGM lesions while potentially avoiding the systemic complications associated with oral steroid use.

References

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