PE 238

International Surgical Week
The World's Congress of Surgery
isw2024.org
Kuala Lumpur, Malaysia
25-29 August 2024

Granulomatous Mastitis Masquerading as Lactational Mastitis – Avoiding Corticosteroid Therapy

Henry Tan Chor Lip

Department of General Surgery, KPJ Bandar Dato Onn' Specialist Hospital, Johor Bahru, Malaysia.

INTRODUCTION

- Lactational Mastitis may occur from 2.5-20% with peak incidence from 22-25weeks post-partum, whereas the incidence of Chronic Granulomastitis is at 0.37% with incidence of 2.4 per 100000 women.
- Herein we report on a patient with post partum with breast feeding 1 year having recurrent left breast mastitis treated with antibiotics and developed left breast abscess. The treatment process which and subsequent avoidance of corticosteroids is discussed in this case report.

CASE REPORT

- A 32 year old female presented with recurrent left breast pain, redness and fever. During the first presentation, she was post partum 3 months with active breast feeding. There was a reduced in milk production with engorgement, hence she was admitted and treated with intravenous antibiotics
- Subsequently she was discharge and readmitted after 6 months for similar conditions. USG breast showed left breast mastitis features and small cyst which may represent galactocele or abscess. She was treated again with iv antibiotics and symptoms improved and discharged.
- Follow-up in clinic showed marked improvement with disappearance of skin erythema and interval usg breast showed resolve in previous cyst seen.
- Within 2 months later, she presented back again with similar complains, fever, left breast pain and swelling. Usg breast showed left breast multiple small cyst with hypoechoic collections suggestive of abscess.
- She was admitted, given antibiotics and discussion with radiologist show non-feasibility of drainage using usg due to deep seated and numerous loculated abscess. Patient underwent and incision and drainage with open biopsy of the left breast.
- Intraoperatively, multiple small locules of pus opened, pus 20cc, fibrous hardened breast tissue taken for biopsy. Post-operatively she was started on daily dressing and discharge with antibiotics
- Final HPE – abscess wall with surrounding acute on chronic granulomastitis.
- Through the course of treatment, patient was offered corticosteroids to improve and hasten wound healing but she strongly refused due to possible side effects.
- After 5 months of dressings, the left breast wounds had complete healing and epithelization

DISCUSSION / CONCLUSION

- Chronic granulomatous mastitis is an uncommon benign chronic inflammatory condition of the breast that often mimic as other common conditions like breast abscess, breast cancer, and tuberculosis
- This condition is common in women of childbearing age and is rarely reported in patient which had post-partum lactation.
- As the clinical presentation can be vague, it may pose a difficult challenge for diagnosis.
- Other possible risk factors of CGM include lactational disorders that result in milk stasis and hyperprolactinemia
- In addition, the presence of atypical mycobacteria may lead to the pathogenesis of CGM that may be related to poor habits of lactation leading to milk stasis (galactostasis) which predisposes to GLM.
- First line treatment includes broad-spectrum antibiotics with USG of breast to localize any abscess
- In patient with persistent mass and non healing wounds, corticosteroid therapy may be considered
- Other reported methods For breast lesions with single or multiple abscesses or even sinus, recommends aspiring of pus repeatedly, guided by US, wash the abscess cavity using 0.9% NaCl solution, followed by injecting 40 mg triamcinolone acetonide into the abscess cavity through the aspiration needle or drainage tube.
- Surgery is considered in patient whom are not responding to or recure after antibiotics and corticosteroid therapy and large abscess cavity.
- In this case patient, refused for corticosteroid therapy and the mastitis had recurrence with abscess formation.
- However with meticulous dressings and antibiotics, the wounds healed.