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Granulomatous Mastitis in Pregnancy - A Case Report

Dr Rakshana S[1]
[1]Postgraduate, Department of Obstetrics and Gynaecology, Sri Ramachandra Medical College, Chennai
rakshana.senthil124@gmail.com

Abstract: *Granulomatous mastitis (GM) is a chronic inflammatory disease of the breast that usually occurs in women of reproductive age. However, GM during pregnancy is unusual and only one case of GM in the accessory breast has been reported so far. Here, we report an extremely rare case of GM in pregnancy.*
A 26-year-old multigravida at 34 weeks of gestation with multilobulated breast mass not relieved by antibiotics or incision and drainage. Histopathology showed epithiloid granuloma hence started on anti-tubercular therapy. Treatment for GM should be considered individually and carefully in accordance with the patients' condition. Unnecessary surgery should be avoided. However, early addition of surgical interventions may yield good outcomes, especially for pregnant women because of limited treatment options.
Keywords: *Granulomatous mastitis (GM), pregnancy, surgical interventions*

INTRODUCTION:

Granulomatous mastitis is an inflammatory condition of non-infectious origin that specifically affects breast tissue. Its etiology is unknown. Granulomatous mastitis generally occurs in young women, often after a breast-feeding period, and within a period of 5 years following childbirth.

CASE REPORT

Our patient was a G2P1L1, previous LSCS. Had history of lump excision for. Left breast 2 years back.Presented to us at 34 weeks of gestation with 12 x10cm multilobulated mass , tense and tender. After not responding to antibiotics and incision and drainage, Histopathology showed epitheloid granuloma with multiloculated giant cells.Started on Anti tubercular therapy. Patient was taken up for ELECTIVE LSCS at 37 weeks with INCISION and DRAINAGE of left breast abscess under General anaesthesia.

INTRA OP FINDINGS

Horizontal incision made at 12'o clock position,50ml pus drained sent for pus c/s. Breast tissue chunks sent for MGIT,GeneXpert, bacterial and Fungal culture.Of which all the reports were found to be negative.

DISCUSSION

IGM is a rare condition that is difficult to treat due to limited data and lack of treatment consensus. Early core biopsies for microbiology and histology should be performed in inflammatory breast masses with atypical appearances (large solid component, sinus formation or fistulation) or after a short period of failed antimicrobial therapy (1–2 weeks) A multidisciplinary pathway involving breast surgeons, radiologists, pathologists, infectious diseases specialists and a specialty with expertise in prescribing azathioprine (rheumatology or gastroenterology) is recommended

CONCLUSION

Incisional drainage and antibiotic therapy, rather than steroids and surgery, are useful for treating granulomatous mastitis during pregnancy. The condition can also be effectively managed during delivery. Abstinence from breastfeeding and steroidal therapy after delivery have also proven to be effective in managing this disease. The use of steroids during pregnancy should, however, be

treated with caution, taking their side effects into consideration.

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