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Case Report

UNUSUAL BREAST DISEASE MIMICKING MALIGNANCY; LYMPHOCYTIC MASTITIS. A CASE REPORT.

Meme kanserini taklit eden sıradışı bir hastalık; Lenfositik mastit. Olgu sunumu.

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ABSTRACT

Lymphocytic mastitis is an uncommon presentation of benign breast disease. It may present as a painful or painless lump in the breast. Clinical examination and imaging often raises suspicion of malignancy. Thus biopsy and histopathological examination is generally required. It is usually associated with diabetes mellitus or some other autoimmune disorder. However, we present an unusual presentation of lymphocytic mastitis without any association.

Key words: Lymphocytic mastitis, malignancy, breast.

ÖZET

Lenfositik mastitler nadir görülen benign meme hastalıklarındandır. Memede ağrılı veya ağrısız kitle şeklinde kendini gösterebilir. Klinik muayene ve görüntüleme tetkikleri ile malignite şüphesi ile sıklıkla biyopsi yapılırlar. Hastalar sıklıkla diyabet ve otoimmün bozukluklarla birliktelik gösterir. Burada izole bir lenfosittik mastit olgusu sunulmuştur.

Anahtar kelimeler: Lenfositik mastit, malignite, meme.

INTRODUCTION

Lymphocytic mastitis, often synonymously termed diabetic mastopathy, is an unusual finding in patients with early-onset or long-standing diabetes mellitus (1). Lymphocytic mastitis usually presents as a palpable mass with radiological findings highly suggestive of breast carcinoma (2). We present a case of lymphocytic mastitis in a non diabetic lady which could be diagnosed only after histopathology as mammography and ultrasonography had non specific findings.

Case

A 49 year multiparous non diabetic lady without any family history of carcinoma breast presented with a painful lump in the left breast for one month. On examination there was an illdefined hard tender 6 cm by 4 cm mass located in the retroareolar region of the left breast. She was afebrile. There was a 2 cm diameter single mobile nontender anterior axillary lymph node in the left axilla. Ultrasound revealed a heterogeneous illdefined mass lesion in the left breast and the axillary node. Mammography revealed BI-RADS 2. There was no microcalcification. After two weeks she developed a similar lump in the right breast retroareolarly. Right axilla was normal. A core biopsy of the lumps was carried out that revealed only fibrosis and hence was inconclusive. Then excisional biopsy was performed which revealed fibrosis with perilobular, periductal and perivascular lymphocytic infiltration. There was no evidence of malignancy. Histopathological findings were accordant with a diagnosis of lymphocytic mastitis.

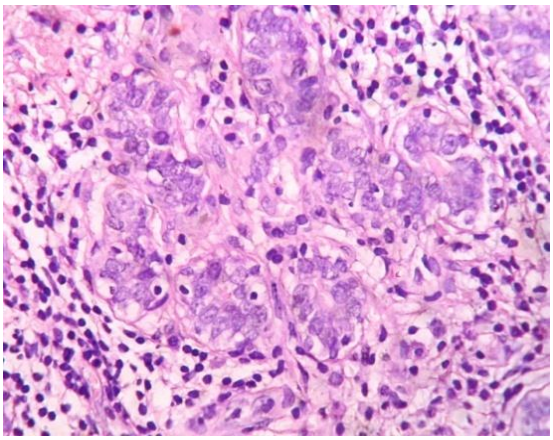

Figure 1: Lymphoepithelial lesion with destruction of mammary lobules.

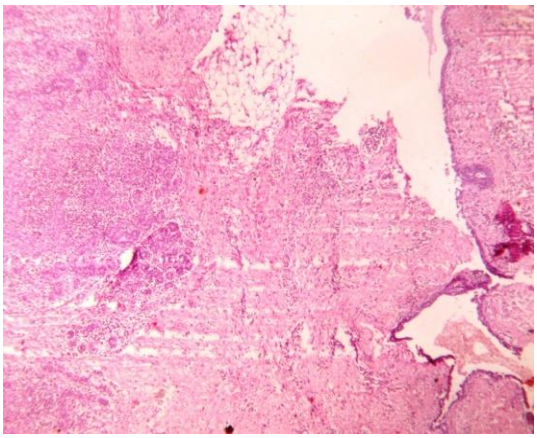

Figure 2: Ill circumscribed lesion with dense intralobular, perilobular and perivascular infiltrate of lymphocytes and scattered plasma cells along with adjacent stromal fibrosis and sclerosis.

DISCUSSION

An association between diabetes mellitus and fibrous breast disease was reported initially in 1984 by Soler and Khardori (3). It has an incidence of less than 1% of benign breast diseases. Upto 13% of Type-I diabetics can be afflicted by lymphocytic mastitis (4). However there are rare occurences of lymphocytic mastitis in non diabetics. It can occur in men too (5).

Lymphocytic mastitis can present as a palpable mass and mimic carcinoma breast on physical examination. Our patient had a new onset fast growing retroareolar lump with an axillary lymph node highly suspicious of carcinoma breast. Multicentric and bilateral involvement has been reported in the later stages of the disease (6). Our patient presented with bilateral lumps. They have a propensity to occur in the retroareolar area though it can occur in any quadrant (7). Our case had a retroareolar location. Mammography has not been very useful in arriving at a diagnosis in such cases as dense breast tissue can obscure an underlying lesion. In our case we got a BIRADS 2 on mammography. Ultrasound is a very useful adjunct in evaluatig a palpable suspicious breast mass. Ultrasound usually shows irregular hypoechoic masses with moderate to marked acoustic shadowing (7). Our patient on ultrasound had a mass lesion in the breast and a single axillary lymphnode.

In view of suspicious clinical and imaging findings, tissue diagnosis becomes mandatory. Fine needle aspiration is usually inadequate. At present core biopsy is the accepted method for establishing the diagnosis. In our case the core biopsy was inconclusive. So an excisional biopsy was undertaken to arrive at the diagnosis.

Shaffrey et al (8) compared the breast biopsy results of breast masses in patients with longterm, insulin-dependent diabetes with those of non-diabetic patients with fibrosis and chronic mastitis. The biopsy results of patients with long-term, insulin-dependent diabetes showed lymphocytic lobulitis and ductitis, lymphocytic vasculitis, dense keloid-like fibrosis, and epithelioid fibroblasts (9). Presence of epithelioid fibroblasts within a densely fibrous stroma seem singular to the diabetic condition (10). But the non diabetic cases were usually devoid of epithelioid fibroblasts. Our patient too did not have epithelioid fibroblasts though there were other features.

Differential diagnosis of lymphocytic mastitis or diabetic mastopathy are granulomatous mastitis, fibrotic tissue, and breast carcinoma (11,12).

The recurrence rate is relatively high after excision about 32% (6) and there is no evidence to support the development of malignancy from lymphocytic mastitis.

Lammie et al (13) reported lymphocytic mastitis in a lady in whom Hashimoto thyroiditis subsequently developed. It may be that after continued clinical follow-up, our patient without a diabetic history eventually will manifest diabetes mellitus or another autoimmune condition.

In conclusion; **t**his case has been presented because of its rarity. More importantly it can masquerade a breast malignancy. Core biopsy often reveals gross fibrosis thus mandating the use of excisional biopsy. However a correct diagnosis shall obviate a radical surgery. We should counsel the patient and her relatives regarding the possibility of local recurrence of this condition.

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