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## Idiopathic granulomatous mastitis mimicking inflammatory breast carcinoma: What are the odds?

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**Background:** While inflammatory breast cancer is rare, idiopathic granulomatous mastitis is more uncommon. We hereby present a very rare case of granulomatous mastitis which thought to be inflammatory breast cancer.

**Case:** A 27-year-old Hispanic woman presented with a breast lump, fever, joint pain, and a rash over her anterior shins. Since 1 one month of presentation she had noticed a breast lump which was slowly increasing in size. She was a mother of 2 children and had last breastfed 3 years ago. She denied any trauma to the breast or any nipple discharge. In the week prior to admission, the patient also began to experience fever and joint pain, most severely in her left knee. During this time, she also developed multiple tender lesions over her lower extremities. On physical examination, patient was noted to have a 7.5 cm indurated mass over the right upper quadrant of her right breast, with overlying fluid and ecchymosis, no nipple discharge or retraction and no axillary lymphadenopathy. The patient had multiple tender erythematous nodules measuring 1–2 cm in diameter over her anterior shins in addition to one larger lesion measuring 5 cm on her right lateral thigh. The patient had mild effusion of the left knee with tenderness to palpation of the popliteal fossa and significant pain with both passive and active range of motion of her left knee. On admission, she was febrile, tachycardiac and distressed. Laboratory work revealed leukocytosis of 12.8 (87% neutrophils, 7% lymphocytes). Furthermore, inflammatory and autoimmune work up showed elevated CRP 12.1 and ESR 77, a procalcitonin level <0.05. Investigations for HIV, RPR, Histoplasma urine antigen, Group A Streptococcus, antinuclear antibody, rheumatoid factor, and anti CCP antibody were negative. Quantiferon Gold testing was indeterminate. In regards to her left knee swelling, a lower venous duplex study showed no evidence of DVT but did find a likely Baker's cyst measuring 3–4 cm in the left popliteal fossa. Moreover, breast ultrasound and an ultrasound guided core needle biopsy confirmed findings of granulomatous mastitis with some neutrophilic infiltrate. Patient had been treated empirically with IV vancomycin until the diagnosis was confirmed. Following diagnosis, the patient was started on corticosteroids after which she improved clinically and was discharged on 6 weeks of steroid taper.

### Biography

Bilawal Ahmed MD is Hematology/Oncology fellow from University of Missouri-Columbia. His research interests include inflammatory breast cancer and axillary lymphadenopathy.

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