Granulomatous Mastitis
An information guide
Granulomatous Mastitis

About this leaflet
This leaflet tells you about Granulomatous mastitis. It explains what it is, how it’s found, how it is diagnosed and what will happen if it needs to be treated.

What is Granulomatous mastitis?
Granulomatous mastitis is an uncommon benign breast condition in which the breast becomes inflamed, developing a mass of tissue within the breast that can present as a lump. This condition most commonly appears following pregnancy, emerging on average between 2 and 6 years after the pregnancy, although this is not always the case.

How it is found
Granulomatous mastitis may present with inflammation, tenderness and discharge from the breast, which can cause the breast to feel hot to the touch. It can also present as a distinct firm lump, mostly in the subareolar region (area behind the nipple) of the breast.

If Granulomatous mastitis is allowed to progress, the breast can become wrinkled and pitted as the lump continues to grow. If you see your GP (local doctor) with any of these symptoms, they will most likely refer you to a breast clinic.

At the breast clinic you will have a breast examination by the doctor/ nurse. Following your breast examination, the doctor / nurse may also recommend a mammogram (breast x-ray) and ultrasound scan (which uses high frequency sound waves) of the breast.
If you are under 40 years old you are more likely to have an ultrasound scan only. This is because younger women’s breast tissue can be denser and this can make the x-ray image less clear, making normal changes or benign breast conditions harder to identify.

How is it diagnosed?

Diagnosis of granulomatous mastitis can be complicated by the fact that the condition mimics breast abscess and breast cancer. This means that the doctor may require several tests to confirm a diagnosis and therefore decide on the best treatment plan.

During a breast examination the doctor/nurse will usually be able to feel the lump, and following the breast x-ray and ultrasound scan, may recommend taking a biopsy of the lump. This is called a core biopsy and involves taking a sample of the tissue.

The ultrasound scan may identify that the lump is an abscess and under ultrasound guidance the abscess can be drained. The pus from the abscess will then be sent to the pathology lab for testing.

It is important that we send this pus for analysis. In granulomatous mastitis, the pus does not grow any bugs and it is important for us to exclude TB (tuberculosis).

Core biopsy

Because granulomatous mastitis is difficult to diagnose with just clinical examination and x-rays, the only way to diagnose it is by taking a core biopsy.

A core biopsy uses a needle to obtain a sample of breast tissue from the area of concern.

You will be given a local anaesthetic to numb the area before the sample is taken. The doctor/nurse may then take several samples from the same area. These tissue samples are then sent to the
laboratory where they are examined under a microscope to establish a diagnosis.

The biopsy site (wound) will be covered by a small dressing or plaster for a few hours afterwards. Once the local anaesthetic has worn off you may find that your breast is a little sore and tender and it may also become bruised. You may need to take some pain relief for this. You will be given more information about this before you leave the hospital.

**Treatment and follow-up**

Treatment depends on the severity of the disease and may include observation or medication (steroids). However the long-term use of steroids can have serious side effects and therefore treatment must balance the need to resolve the inflammation with the need to avoid causing complications for the patient.

According to research, approximately half of all women have spontaneous resolution without any specific treatment.

Granulomatous mastitis is still very rare and therefore the best way to treat it is to be under the care of a specialist breast care team. 50% of patients experience recurrences and therefore long-term follow-up is usually necessary.

**Finally**

The cause of granulomatous mastitis is still not fully understood. Research has suggested that it may simply be a more extreme form of the mastitis or inflammation of the breast which some breastfeeding women experience.

Other research suggests that it is linked to hormonal contraception, as it often appears after breastfeeding is completed and a woman starts taking hormonal contraception.
If English is not your first language and you need help, please contact the Ethnic Health Team on 0161 627 8770

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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