

LYMPHOCYTIC MASTITIS: A CASE REPORT AND REVIEW OF THE LITERATURE***Dr. Z. Kabba, Dr. D. Houjjaj, Dr. N. Oubel, Pr. Alami, Pr. Filali, Pr. Tazi and Pr. Bezad**

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ABSTRACT

Lymphocytic mastitis is a rare benign pathology described mainly in diabetic women (diabetes type 1) diabetic women (type 1 diabetes) and in women with autoimmune diseases, It clinically simulates a malignant tumor. We report the case of a patient who is followed for a diabetes that is unbalanced, presenting with a presenting with a breast abscess. Through this observation, we recall the clinical, radiological and the pathophysiology of this pathology.

KEYWORDS: lymphocytic mastitis, abscess, tumor.**INTRODUCTION**

Lymphocytic mastitis is a rare and benign pathology. It mainly affects young women with type 1 diabetes, frequently at the stage of degenerative complications or rarely occurs in association with autoimmune diseases. The pathophysiology is probably multifactorial, involving an autoimmune mechanism, hyperglycemia and the role of exogenous insulin.^[1,2] The associated signs are not very specific and may suggest breast cancer.

OBSERVATION

We report the case of a 39-year-old female patient, followed for type 1 diabetes on insulin, having previously delivered a 4-year-old child by cesarean section, who presented with a bilateral breast abscess.

The breast ultrasound showed a breast collection, but a neoplasia not to be ruled out. We performed a breast biopsy concluding to a lymphocytic mastitis. It should be noted that her diabetes was not controlled. The patient was put on antibiotic therapy, diet education and insulin therapy adjustment with marked improvement.

DISCUSSION

Lymphocytic mastitis, also called "diabetic mastopathy" or "lymphocytic sclerosing lobulitis", is a rare benign condition of the breast, its prevalence is estimated to be less than 1/1000 breast lesions.^[3] It is mainly encountered in the context of old type 1 diabetes or more rarely in association with autoimmune diseases.^[3]

The condition was first described in 1984 by Soler and Khardori as an inflammatory fibrotic breast disease.^[4]

Clinically, lymphocytic mastitis occurs most often in middle-aged or premenopausal women, rarely in men.^[3] These are breast swellings of variable size, single or multiple, sometimes bilateral, firm, more or less well limited and not very suggestive.^[5] These lesions are most often located in the retroareolar area or in the upper external quadrant.

Iconographic examinations provide little information.

Indeed, mammographic images show overdensities, more or less regular opacities but without specificity. Ultrasound reveals masses and shadow cones that are not very specific.^[5,6]

Cytological samples are not very contributory this is because the lesions are very sclerotic making cellular extraction difficult. The definition of lymphocytic mastitis is strictly histological and there is a dense diffuse fibrosis containing epithelioid cells of myofibroblastic nature. The lobules are atrophic with a perilobular, pericanal and perivascular lymphocytic infiltrate.

Immunohistochemistry has no diagnostic indication except to exclude a malignant lesion, in particular an infiltrating lobular carcinoma, which may be a differential diagnosis.^[7]

The etiopathogeny of lymphocytic mastitis is not yet elucidated.

Some authors suggest an autoimmune reaction due to the abnormal accumulation of insulin associated with a decrease in the degradation of connective tissue in the extracellular matrix under the effect of hyperglycemia; others suggest that exogenous insulin is the cause of lymphocytic mastitis through an inflammatory or immunological reaction. Finally, a hormonal involvement has never been proven.^[4,8] The evolution of this entity shows a high rate of spontaneous regression followed by homo or counter lateral recurrence. Because of this, a surgical procedure is not required and a simple surveillance will be advocated. Indeed, no direct relationship between lymphocytic mastitis and breast cancer has been reported in the literature and the risk of subsequent development of breast cancer seems equal to the general population.^[7]

CONCLUSION

Lymphocytic mastitis is a benign pathology, generally ignored by practitioners because of its rarity. Therefore, it constitutes a diagnostic trap since it clinically simulates a malignant breast tumor. It is mainly described in type 1 diabetic women at the stage of degenerative complications secondary to other autoimmune pathologies. The pathophysiology is poorly understood and is thought to be multifactorial.

Diabetic mastopathy should lead to surgical abstention, optimization of diabetic control with annual breast surveillance.

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