

**XANTHOGRANULOMATOUS MASTITIS OF THE BREAST A RARE CASE****\*<sup>1</sup>Dr. S. T. Ved Bhushan** Ms, Fais and **<sup>2</sup>Dr. Ashok Kaulgud** MS<sup>1</sup>Professor of Surgery, Usm-Kle-Imp and Consultant Kle Centenary Charitable Hospital, Yallur Road, Belagavi, Karnataka 590010.<sup>2</sup>Assistant Professor, Usm-Kle-Imp and Kle Centenary Charitable Hospital, Yallur Road, Belagavi Karnataka 590010.**\*Corresponding Author: Dr. S. T. Ved Bhushan Ms, Fais**

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**ABSTRACT**

Xanthogranulomatous inflammation is an uncommon variant of chronic inflammation with a well established pathological entity involving many organs and systems. It is a benign encapsulated tumour commonly occurring in young females.

**KEYWORDS:** Benign breast disease, Fibro-adenoma Xanthogranulomatous Mastitis.**INTRODUCTION**

XANTHOGRANULOMATOUS lesions are benign inflammatory process characterised by aggregating lipid laden foaming monophages.<sup>[1]</sup>

Xanthogranulomatous lesions commonly occur in kidney and gall bladder.<sup>[2][3]</sup>

We report a case of xanthogranulomatous lesions in a lady affecting the breast and it was managed by excision.

**CASE REPORT**

A 35 years old married lady was admitted in our ward in November 2023 with the history of swelling over the left breast with mild pain and discharge few drops of pus since 20 days.

The patient had a painless swelling over the same area 2 ½ years back which was excised and it was reported as FIBROADENOMA.

The present swelling was gradual in onset and slowly progressive in nature.

The patient had no comorbid conditions.

On general examination the patient was an young lady moderately built and nourished with stable vital signs.

Local examination revealed a swelling occupying infra alveolar region about 3cm, 2.5 cm. The swelling was firm and was mobile but the skin over the swelling was attached with a small opening discharging pus at two points.

There was no axillary lymphadenopathy other breast was normal.

All the other systemic examination was normal. A clinical diagnosis of RE-CURRENT FIBROADENOMA with INFECTION was made and all the routine investigations were carried out.

HB-10.5GM%  
RBC-4.79  
WBC-3900.0  
PLATELET-183000CELLS/CM  
HBSAG-NEGATIVE  
HIV-NON REACTIVE  
GLUCOSE-109mg/dl  
UREA-20mg/dl  
CREATININE-0.86mg/dl  
URINE TEST  
ALBUMIN- TRACE  
SPECIFIC GRAVITY-1.015  
PH-6.5  
GLUCOSE-ABSENT  
KETONE BODIES-ABSENT  
PUS CLLS-6-8  
RBC-NIL  
EPITHELIAL CELLS-10-12  
CHEST XRAY PA VIEW-NAD  
ECG-WNL  
AFB-NEGATIVE FOR AFB pus for C/S is negative.

**SURGICAL PROCEDURE**

The operation was performed under General Anaesthesia. The part was cleaned and draped.

**INCISION:** An elliptical incision around the mass was taken. Sub areolar incision below and close to the nipple,

above was made and careful dissection was carried out and the entire mass was excised with adequate margins.



**Pre-OP**



**Post –Excision**



**Excised Specimen**

Routine post operative was given in the form of IV fluid, antibiotic and analgesics for two days. The patient was discharged on the fourth post-operative day in the good condition.

Histopathological report came as Xanthogranulomatous lesion of the breast with duct ectasia which was a surprise to us.

## DISCUSSION

Benign diseases of the breast are common in females from childhood to old age.<sup>[4]</sup>

Women's breast is a dynamic organ and it is under the influence hormones from puberty to menopause. The changes are known as ANDI (aberrations in normal development and involutions).<sup>[5]</sup>

- Common benign diseases of the breast are a simple breast CRYSTALS.
- Ductal hyperplasia.
- Duct papillomas and the most common are.
- Fibro adenomas of the breast.<sup>[6],[7]</sup>
- Other Lipomas, giant fibroadenoma, and galactocele.<sup>[8]</sup>

Other diseases during pregnancy and lactation are mastitis, breast abscess and milk fistula.<sup>[9]</sup>

Xanthogranulomatous lesions are an un-common entity in the breast. Xanthogranulomatous mastitis was reviewed by Je Seung Koo.<sup>[10]</sup> In their article published in 2009.

In which there were Fat necrosis in 5 cases (31%), multinucleated giant cell reactions in 6 cases(38%), cholesterol crisis 5 cases(31%) and 3 cases(19%) was Xanthogranulomatous mastitis coincided with ductal carcinoma. Duct-ectasia was seen in 5 cases (31%).

Xanthogranulomatous mastitis is not a clinical entity but diagnosed after histopathological examination, after core biopsy or excision biopsy.<sup>[11]</sup>

In another study of 2021 the authors studies from 2008 to 2020 of all histologically diagnosed Xanthogranulomatous lesions systematically. The study showed there were 93 cases.

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|-----------------------------|---|----------|
| 1) Gall bladder in 70 cases | – | (75.27%) |
| 2) Kidney in 5 cases        | - | (5.37%)  |
| 3) GI tract in 6 cases      | - | (3%)     |
| 4) Colon in 3 cases         | - | (3.23%)  |
| 5) and appendix in 3 cases  | - | (3.23%)  |

Maximum age group was in 31-40 years with 24 cases (25.80%) and male to female ration was 2.3:1.<sup>[12]</sup>

## SUMMARY

In our case the patients presented with a recurrent breast swelling after the first breast fibroadenoma excision 2 ½ years ago. We worked up the case and did complete excision of the breast mass which came as Xanthogranulomatous with duct ectasia which was a surprise hence we are reporting as it is a rare case.

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