



2021 Annual Spring Virtual Meeting | Abstract Submission

Granulomatous Mastitis with Erythema Nodosum

Neena Ngonadi, MSc; Brian Florenzo BA, BS; Seth Martin, MD; R. Hal Flowers, MD

University of Virginia, Department of Dermatology

A healthy G5P3 34-year-old Hispanic patient was referred to our dermatology clinic for painful skin lesions that had enlarged over the week prior with arthralgia in her knees and elbows. Exam showed multiple tender, erythematous subcutaneous nodules scattered over the extensor surfaces of bilateral upper and lower extremities. Of note, patient was undergoing a workup for an irregular mass found on mammography. A recent core needle biopsy of right-sided breast mass was consistent with granulomatous mastitis. Punch biopsy of a nodule on the right forearm exhibited a mixed septal and lobular panniculitis with acute neutrophilic inflammation with granulomatous changes. Given the physical exam findings, this was most consistent erythema nodosum. After discussing management options with patient's breast surgeon, prednisone taper was initiated. She experienced initial improvement on prednisone but was transitioned to methotrexate after a flare. First described in 1972 by Kessler and Wolloch, granulomatous mastitis is a rare chronic inflammatory disease of unknown etiology¹ that presents in women of childbearing age, often mimicking breast carcinoma or breast abscess.² While our understanding of its pathogenesis remains limited, a review of the current literature suggests that there likely is an association between granulomatous mastitis and other chronic inflammatory conditions such as erythema nodosum³. We present here a characteristic case of granulomatous mastitis with erythema nodosum in order to discuss the clinical findings, pathological features, diagnostic pearls, and treatment options for both conditions.