Internal Medicine
The Japanese Society of Internal Medicine
doi: 10.2169/internalmedicine.9517-22
Intern Med 61: 3757-3758, 2022
http://internmed.jp

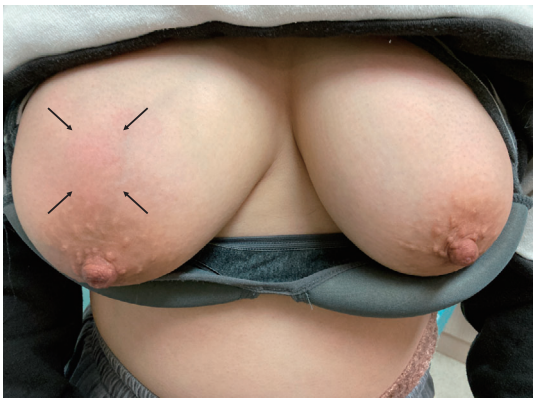
【 PICTURES IN CLINICAL MEDICINE 】

Idiopathic Granulomatous Mastitis, Erythema Nodosum, and Arthritis

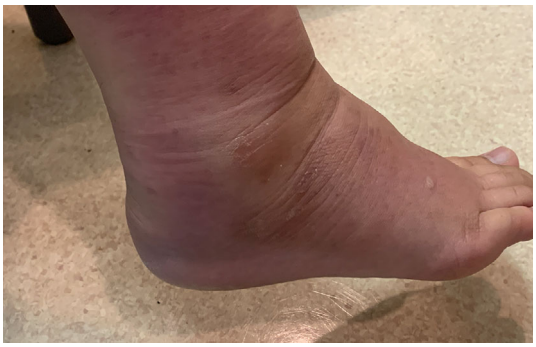
Satoshi Akao[1], Akitsu Higuchi[1], Kei Akao[2] and Ryo Rokutanda[1]

Key words: granulomatous mastitis, erythema nodosum, arthritis

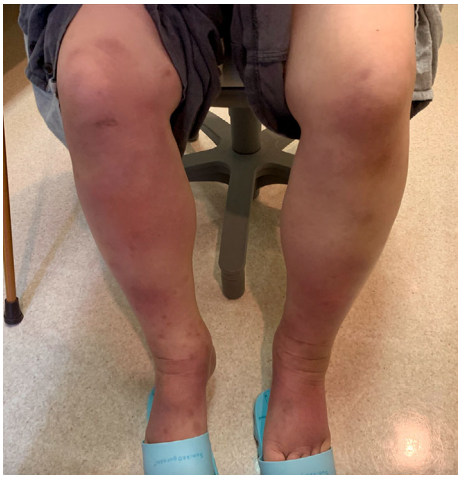
(Intern Med 61: 3757-3758, 2022)
(DOI: 10.2169/internalmedicine.9517-22)



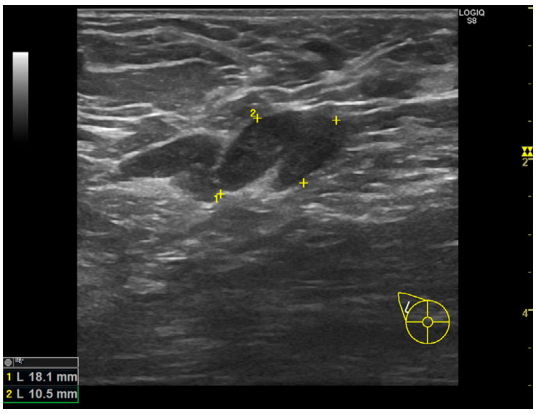
Picture 1.



Picture 2.



Picture 3.



Picture 4.

A 27-year-old woman presented with a 1-month history of right breast pain, arthralgia, and painful rashes on her legs. A physical examination revealed a reddish, firm, and painful lump on her right breast (Picture 1, arrows); ankle swelling and tenderness (Picture 2); and multiple tender, reddish nodules on both legs (Picture 3). A skin lesion biopsy showed panniculitis, indicating erythema nodosum (EN). Right breast ultrasonography showed an ill-defined, irregular, heterogeneous, hypoechoic lesion with multiple tentacles 1.8 cm in diameter (Picture 4), which are typical find-

[1]Division of Rheumatology, Department of Internal Medicine, Kameda Medical Center, Japan and [2]Department of Dermatology, Kameda Medical Center, Japan
Received: February 3, 2022; Accepted: April 6, 2022; Advance Publication by J-STAGE: May 14, 2022
Correspondence to Dr. Satoshi Akao, akao.satoshi@kameda.jp

ings of granulomatous mastitis (GM) (1). Aspiration culture (including for mycobacterium) of the breast lump was negative. All blood tests, including serum calcium, angiotensin-converting-enzyme, and lysozyme for diagnosis of sarcoidosis, were normal. Chest computed tomography showed no bilateral hilar lymphadenopathy or pulmonary findings. A diagnosis of idiopathic GM, EN, and arthritis was made. After 2 weeks of prednisolone (60 mg per day) administration, her symptoms resolved promptly. Idiopathic GM is a rare disease and is a differential diagnosis of EN and arthritis because 30% of cases of idiopathic GM cause EN and arthritis (2). Corticosteroids are an effective treatment option (3).

The patient's family provided their consent for the publication of this case with the removal of all identifying information to ensure anonymity and retain the patient's privacy.

The authors state that they have no Conflict of Interest (COI).

Acknowledgement

We would like to thank the staff of the rheumatology department of Kameda Medical Center for their dedicated efforts to care for this patient.

References

1. Pluguez-Turull WC, Nanyes EJ, Quintero JC, et al. Idiopathic granulomatous mastitis: manifestations at multimodality imaging and pitfalls. Radiographics **38**: 330-356, 2018.
2. Parperis K, Achilleos S, Costi E, Vardas M. Granulomatous mastitis, erythema nodosum and arthritis syndrome: case-based review. Rheumatol Int **41**: 1175-1181, 2021.
3. Sheybani F, Sarvghad M, Naderi H, Gharib M. Treatment for and clinical characteristics of granulomatous mastitis. Obstet Gynecol **125**: 801-807, 2015.