

Diagnosis and Management of Granulomatous Mastitis
Adapted from Rachel Yang, MD and UCSF Protocol

Diagnosis

1. Ultrasound with 16g core needle biopsy of mass or induration, 4-6 cores
2. Aspirate any fluid collection if present
3. Laboratory tests
 - Markers of inflammation: CBC, CRP, ESR
 - Exclude secondary causes: quantiferon or PPD, CXR (TB), serum ACE (sarcoid), serum prolactin (prolactinoma)
 - Evaluate for safety of immunosuppression: urine pregnancy, hepatitis serologies, LFTs, BMP, CBC

Special Considerations

Avoid antibiotic therapy (particularly for Corynebacterium) and repeat wound cultures.

Initial Therapy

- Inclusion criteria
 - a. New onset disease <6 months
 - a. *Treatment Protocol:*
 - i. *Intralesional triamcinolone 80-160mg diluted in 4cc 1% lidocaine (q3wk up to 4x) + celecoxib 200 BID x3mo*
 1. *Can extend treatment with celecoxib if remains asymptomatic*
 - ii. *If progression or remains symptomatic after ≥3mo of triamcinolone+celebrex, then proceed to **step up therapy** below*
- Exclusion (move straight to **Step Up Therapy** below)
 - a. Relapse after prednisone
 - b. *Or* more than three lesions
 - c. *Or* symptoms ≥6 months

Step Up Therapy

- Inclusion criteria
 - d. Relapse after prednisone (prednisone given by another provider as this is not recommended management)
 - e. *Or* more than three lesions
 - f. *Or* symptoms ≥6 months
 - a. *Or* symptomatic/progression after ≥3mo of intralesional triamcinolone + celecoxib per above

- *Treatment Protocol*
 - *Oral methotrexate*
 - *Starting at 10-15 mg/week, increasing to 20mg/wk over 4-6 weeks*
 - *Add prednisone taper if very symptomatic*
 - *40 mg/d x2 weeks, 20 mg/d x2 weeks, 10 mg/d x 2 weeks, 5 mg/d x 2 weeks, stop*
 - *If unable to tolerate oral methotrexate, or no improvement at 3 months, then switch to subcutaneous methotrexate and increase to 25mg/wk. Continue for 6 months.*
 - *If no improvement with more than 6 months methotrexate, switch to azathioprine 2 mg/kg/day*
 - *Total duration of methotrexate or azathioprine therapy at least 2 years*

Pregnant/Lactating/Planning to Conceive

1. Azathioprine 2mg/kg/d
 - a. Add prednisone taper if very symptomatic
 - i. 40 mg/d x2 weeks, 20 mg/d x2 weeks, 10 mg/d x 2 weeks, 5 mg/d x 2 weeks, stop
 - ii. **Contraindicated in first trimester of pregnancy**
 - b. If patient declines systemic immunosuppression, can give intralesional triamcinolone 80-160mg diluted in 4cc 1% lidocaine (q3wk up to 4x)
 - i. Must wean or pump and dump from injected breast for at least two weeks after each injection