

# Lupus Mastitis: A rare breast cancer differential diagnosis

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## Abstract

Lupus mastitis is an uncommon entity which can easily mimic other breast conditions. The rarity of this disease demands a high degree of suspicion.

## Lupus Mastitis: A rare breast cancer differential diagnosis

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## Key Clinical Message

Lupus mastitis is an uncommon breast manifestation of SLE. The diagnosis of this condition is histological and the treatment is pharmacological and directed to the underlying disease. The rarity of this entity demands a high degree of suspicion.

## Lupus Mastitis: A rare breast cancer differential diagnosis

A 35-year-old woman with Systemic Lupus Erythematosus (SLE) presented to the emergency department with a painful right breast mass with one month of progressive growth. On physical examination, the patient had a swollen hardened breast with a poorly-defined 5cm mass on the upper outer quadrant and periareolar inflammatory signs (**Figure 1**). Breast ultrasound revealed a lobulated and vascularized mass in the upper outer quadrant, with liquid areas, suggesting a possible abscess, but not excluding a malignant lesion. The patient was treated with NSAIDs and a course of antibiotics, with subsequent reevaluation 10 days later. Due to the apparent progression of the inflammatory signs (Figure 2), the mass was drained and biopsied. Histopathology analysis revealed a fibroinflammatory process with lobulitis, ductitis and vasculitis phenomena highly suggestive of breast involvement by SLE –**Lupus Mastitis**. No signs of malignancy were identified. The patient was referred to the rheumatology department and the dose of corticosteroids was increased, resulting in a significant improvement of the condition (Figure 3 and 4).

In case of a breast lesion suggestive of malignancy, patients with SLE should be investigated for lupus mastitis. The diagnosis of this condition is histological and the treatment is directed to the underlying disease.

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Published with written consent of the patient.

## CONFLICT OF INTEREST

There are no conflicts of interest to declare.

## AUTHOR CONTRIBUTIONS

AP wrote the draft of the manuscript and prepared the figures. AM and SS involved in writing. RL and JN contributed to the management of the patient, revised the manuscript, and approved the final manuscript.

## INFORMED CONSENT

Consent for publication was obtained from the patient.

## References

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## List of figure legends

**Figure 1:** Initial presentation

**Figure 2:** 10 days after presentation

**Figure 3:** 1 month after presentation

**Figure 4:** 2 months after presentation



