İdiopatik Granülomatöz Mastitte Yeni Tedaviler

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İdiopatik Granülomatöz Mastitte Diğer Tedaviler

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Spesifik GM

İdiopatik GM

Yüksek doz kortikosteroid tedavisi
Düşük doz steroid tedavisi
Cerrahi
Cerrahi + steroid
Methotrexate
Azothioprine
Mycophenolate Mofetil
Steroid + immunsupresif
Topikal steroid tedavisi
İntralezyonel steroid tedavisi
Kolşisin
Etanercept
Antitüberküloz tedavi
Sadece Gözlem

İmmun supresifler işe yarar mı????

The Breast Journal

CASE REPORT

Methotrexate in the Management of Idiopathic Granulomatous Mastitis: Review of 108 Published Cases and Report of Four Cases

Sami Akbulut, MD,* Davut Yilmaz, MD,* and Sule Bakir, MD†

*Department of Surgery and †Department of Pathology, Diyarbakir Education and Research Hospital, Dagkapi, Diyarbakir, Turkey

4 hasta
1 hasta 6 ay anti-TBC tedavi + steroid
3 hasta steroid tedavisi sonrası DM, glukoz intoleransı
1 hasta steroide yanıtsız
MTX 7,5 mg/hf 2-12 ay tedavi
2-9 ay izlem nüks yok

The Breast Journal

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Table 3. Clinical Characteristics of 16 Patients Treated with MTX Therapy (Including ours)

References	No	Age	Medical history	Location	Primary therapy	Steroid (mg), duration of therapy	MTX (mg), duration of therapy	Follow-up (months)	Recurrence	Reason for MTX initiation
Schmajuk (30)	2	32	DM	Left	Steroid	10, 1 week	15 → 20, 24 months	2	No	No response to treatment
		35	No	Right	Steroid	40, 2 week	15 → 20, 12 months	12	No	No response to treatment
Patel (20)	2	29	No	Right	Steroid	60 → 10, 12 week	NA, 12 week	5	No	Steroid-induced DM
		21	No	Right	Incision + drainage	60	NA, 9 months	Resistant	Bilateral Mastectomy	S. + MTX for 9 months, mastectomy due to no response
Katz (29)	2	40	No	Left	Incision + drainage	40 → 10, 12 months	10, 12 months	12	No	Steroid-induced DM and relapse
		37	NA	Left	Incision + drainage	20 → 5, NA	7.5, NA	NA	Mild recurrence	Recurrence after reducing the steroid dose
Kim (15)	4	22–38	No	NA	Steroid	60 → 25, 12 months	10 → 15, 12 months	60	No	Recurrence after reducing the steroid dose
			NA		Steroid + MTX	60 → NA, 12 months	NA, 15–18 months	NA	No	S. + MTX was initiated in 3 patients.
								NA	No (repeat MTX)	Two of them developed recurrence—one
								NA	Bilateral mastectomy	was treated with 15 mg of MTX, the other underwent bilateral mastectomy
Raj (17)	2	31–39	NA	NA	Steroid	60, 7 months	15 → 12.5, NA	NA	No	Recurrence after reducing the steroid dose
			Pituitary tumor		Steroid	60, 8 months	10, NA	6	No	Recurrence after reducing the steroid dose
Present cases	4	30	No	Left	Steroid	70, 6 week	7.5 → 10, 12 months	9	No	No response to treatment
		42	DM	Right	Steroid	65, 5 day	7.5 → 10, 6 months	7	No	Steroid-induced DM
		41	DM	Right	Steroid	60, 3 day	7.5 → 10, 7 months	4	No	Steroid-induced DM
		39	DM	Left	Steroid	75, 5 day	7.5 → 15, 8 week	2	No	Steroid-induced DM

MTX başlama nedeni olarak;

3 hastada tedaviye cevapsızlık

5 hastada steroide bağlı DM

4 hastada steroid dozu azaltılınca nüks

Steroid + MTX birlikte

1 hastada mastektomi, 1 hastada da bilat mastektomi

n	Primary therapy	Steroid (mg), duration of therapy	MTX (mg), duration of therapy	Follow-up (months)	Recurrence	Reason for MTX initiation
	Steroid	10, 1 week	15 → 20, 24 months	2	No	No response to treatment
	Steroid	40, 2 week	15 → 20, 12 months	12	No	No response to treatment
	Steroid	60 → 10, 12 week	NA, 12 week	5	No	Steroid-induced DM
	Incision + drainage	60	NA, 9 months	Resistant	Bilateral Mastectomy	St + MTX for 9 months, mastectomy due to no response
	Incision + drainage	40 → 10, 12 months	10,12 months	12	No	Steroid-induced DM and relapse
	Incision + drainage	20 → 5, NA	7.5, NA	NA	Mild recurrence	Recurrence after reducing the steroid dose
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				NA	No (repeat MTX)	Two of them developed recurrence—one
				NA	Bilateral mastectomy	was treated with 15 mg of MTX, the other underwent bilateral mastectomy
	Steroid	60, 7 months	15 → 12.5, NA	NA	No	Recurrence after reducing the steroid dose
	Steroid	60, 8 months	10, NA	6	No	Recurrence after reducing the steroid dose
	Steroid	70, 6 week	7.5 → 10, 12 months	9	No	No response to treatment
	Steroid	85, 5 day	7.5 → 10, 6 months	7	No	Steroid-induced DM
	Steroid	60, 3 day	7.5 → 10, 7 months	4	No	Steroid-induced DM
	Steroid	75, 5 day	7.5 → 15, 8 week	2	No	Steroid-induced DM

Oral steroid + MTX
TR % 71,8

BREASTFEEDING MEDICINE
Volume 12, Number 7, 2017

DOI: 10.1089/bfm.2017.0030

Clinical Research

Treatments for Idiopathic Granulomatous Mastitis: Systematic Review and Meta-Analysis

Xin Lei,[1,2,*] Kai Chen,[1,2,*] Liling Zhu,[1,2,*] Erwei Song,[1,2] Fengxi Su,[1,2] and Shunrong Li[1,2]

TABLE 2. POOLED ESTIMATE OF COMPLETE REMISSION/RESOLUTION RATE FOR PATIENTS WITH IDIOPATHIC GRANULOMATOUS MASTITIS

Interventions	*Pooled incidence of CR rate, %*	*95% CI*	I^2, %
Surgical managements	90.6	83.8–95.7	83.0
Oral steroids	71.8	67.1–76.3	76.1
Oral steroids+surgical managements	94.5	88.9–98.3	87.5
Topical steroids	98.8	93.3–99.8	0.0
Observation	95.1	87.0–99.4%	47.0
Oral steroids+MTX	71.4	60.5–81.2	45.5
Oral steroids+prolactin lowering agent	NA	NA	NA

CI, confidence interval; NA, not available.

264 ilgili yayın

Oral steroids+MTX ile tedavi edilen IGM TR ve Nüks oranı

3 çalışma (n = 69)

Keren Mahlab-Gur'ün çalışmasında sadece 1 hasta steroids ve MTX' la tedavi edilmiş, Sonuç parsiyel remisyon.

Aghajanzadeh ve Sheybani TR oranı %71.0 ve %83.31

The pooled estimate TR oranı %71.4 (95% CI 60.5%, 81.2%)

Sadece bir çalışmada Sheybani (n = 12), nüks oranı bildirilmiş. Bu çalışmada oral steroids ve MTX' la nüks yok

Arch Gynecol Obstet (2011) 284:1189–1195
DOI 10.1007/s00404-010-1825-2

GENERAL GYNECOLOGY

Is methotrexate an acceptable treatment in the management of idiopathic granulomatous mastitis?

Sami Akbulut · Zulfu Arikanoglu · Ayhan Senol · Nilgun Sogutcu · Murat Basbug · Erhan Yeniaras · Yusuf Yagmur

28-37Y

7,5- 15 mg MTX 2-6 ay

4-8 ay izlem NÜKS YOK

9 hasta (21-40Y) Steroid → MTX

3 hasta Steroid + MTX

10 hastada %83,3 başarı, %16,7 nüks

Methotrexate Dozu

7,5 – 25 mg / haftada bir

2-4 haftada bir tekrar değerlendirme

MTX; folik asit analoğu
Dihidrofolat redüktazı reversible inhibe eder. Folik asitle birlikte verilmelidir.

Steroidle; glukoz intoleransı, DM, Cushing.....

Methotrexate Yan Etkileri;

Ülseratif stomatit
Lökopeni
Bulantı
Abdominal distress
Halsizlik
Titreme ve ateş
Başdönmesi, sersemlik
İnfeksiyona dirençte düşme
MTX induced pneumoni

Original Article · Originalarbeit

Breast Care

Breast Care 2012;7:297–301
DOI: 10.1159/000341388

Published online: August 10, 2012

Combined Long-Term Steroid and Immunosuppressive Treatment Regimen in Granulomatous Mastitis

Ali Konan[a] Umut Kalyoncu[b] Ismail Dogan[b] Yusuf A. Kılıç[a] Derya Karakoç[a]
Ali Akdogan[b] Sedat Kiraz[b] Volkan Kaynaroğlu[a] Demirali Onat[a]

Table 2. Treatment regimens used for granulomatous mastitis patients

Time	Target steroid dose[a]	Azathioprine scheme
Baseline	40–60 mg/day	150 mg/day
1–2 months	30 mg every other day	150 mg/day
6 months	10–15 mg every other day	100–150 mg/day
6–24 months	5–7.5 mg every other day	50–100 mg/day

[a]Steroid dose tapered to achieve given target doses.

Breast Care

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15 hasta,
14' üne Steroid + azothioprine
11 hasta (%73) tedaviye tam cevap
15 hastanın 4' ünde steroide bağlı DM
3 hastada nüks, 1' ine apse drenajı gerekmiş.
Nüks edenler 40 mg/gün steroide yükseltilmiş
Median 26 ay %93 cerrahisiz tedavi başarısı

Dermatology Online Journal ‖ Case Presentation

Volume 23 Number 8 | July 2017
DOJ 23 (7): 8

Mycophenolate mofetil as a successful therapy for idiopathic granulomatous mastitis

Fan Di Xia[1], AB, Amy Ly[2] MD, Gideon P Smith[3] MD PhD

15 mg MTX /hf + 1mg folik asit/gün
30 mg/hf MTX + 30 mg/ gün prednisolone
değişiklik yok
Mycophenolate Mofetil (tacrolimus)
2 x 1000 mg/ gün → 2x1500mg/g +
triamcinolone acetonide 0,5 mg
intralezyonal alevlenmelerde 4-6 ay

Oral steroid+prolaktin düşürücü ajan

Sadece 1 çalışma (n = 16)

TR oranı %31.3

nüks oranı bildirilmemiş.

Received: 17 October 2017 | Revised: 24 October 2017 | Accepted: 31 October 2017
DOI: 10.1111/tbj.13219

Check for updates

COMMENTARY

WILEY The Breast Journal

A successful case of etanercept used for idiopathic granulomatous mastitis

Sz-Tsan Wang MD[1] | Jing-Chi Lin MD[2] | Cheng-Feng Li[2] | Ying-Hsuan Lee MD[3]

Tayvan ' dan olgu sunumu
32Y EN' lu bir hasta doğumdan 3 ay sonra IGM
2hfantibiyotik tdv +1 ay steroid tdv (EN kaybolmuş, meme bulgularında değişme yok)+
50 mg etanercept + MTX; 25mg etanercept + 7,5mg MTX, 6 ay remisyon
6 ay sonra karşı memede IGM 2 hf antibiyotik + etanercept tekrar 6 ay
Etanercept TNF inhibitörü (Enbrel®)
25mg x 2 / hafta SC veya
50mg / 2 haftada bir SC

BreastCare

Research Article

Breast Care
DOI: 10.1159/000487935

Published online: July 5, 2018

Granulomatous Lobular Mastitis: Antituberculous Treatment and Outcome in 22 Patients

Lu Liu[a, b] Fei Zhou[a, c] Xiaoxia Zhang[d] Shuchen Liu[a, c] Liyuan Liu[a, c] Yujuan Xiang[a, c] Mingming Guo[a, c] Lixiang Yu[a, c] Fei Wang[a, c] Zhongbing Ma[a, c] Liang Li[a, c] Dezong Gao[a, c] Qiang Zhang[a, c] Qinye Fu[a, c] Zhigang Yu[a, c]

22 Hasta (23-44Y)

Tüm hastalara üçlü anti-Tbc tedavi

Median izlem 40 ay

Takipte kalan 19 hastanın 18' inde klinik tam yanıt %94,7

Kitle ile gelenlere lumpektomi veya extended lumpektomi + 6-12 ay (rifampisin 0.45 g/g, isoniazid 0.3g/g, ethambutol 0,75 g/d)

BreastCare

Research Article

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Kitle ile gelenlere lumpektomi veya extended lumpektomi + 6-12 ay (rifampisin 0.45 g/g, isoniazid 0.3g/g, ethambutol 0,75 g/d)

Anti-tbc tedavi ile komplet remisyon %94,7 (18/19 hasta)

Ekstra pulmoner tutulum için Standart TBC tedavisi

rifampisin 600 mg/g
izoniazid 300/g
etambutol 1500mg/g
pirazinamid 2000mg/g veya morfozinamid 3000mg/g

2 ay dörtlü,
sonra ikili (İnah, rifamla) 4 ay idame
En az 6 ay **WHO' nun önerisi**

World J Surg
DOI 10.1007/s00268-016-3857-7

World Journal of Surgery

ORIGINAL SCIENTIFIC REPORT

Rifampicin for Idiopathic Granulomatous Lobular Mastitis: A Promising Alternative for Treatment

Omar Farouk[1] · Mohamed Abdelkhalek[1] · Ahmed Abdallah[1] · Ahmed Shata[2] · Ahmed Senbel[1] · Essam Attia[1] · Mohamed Abd Elghaffar[1] · Mahmoud Mesbah[1] · Nermine Soliman[3] · Maha Amin[4] · Dina El-Tantawy[4]

Mısır - Mansauro Üniversitesi
35 hasta /30 hasta
2 x 300 mg rifampisin 6-9 ay
18 hasta(%60) Rifampisin 6 ay
12 hasta (%40) Rifampisin 9 ay
Median izlem 15,5 ay (3-35ay) nüks yok
12 ay sonra klinik ve radyolojik tam remisyon

Rifampisin Gr(+) ve (-) bakterilere, atipik mikobakterilere etkili

Rifampisin DNA dependent RNA polimerazla stabil bir kompleks oluşturur. RNA sentezinde zincir oluşumunu inhibe eder (ancak zincir uzamasını etkilemez.)

Bu etkiyi RNA' nın beta subunitine bağlanarak oluşturur.

Corynebacterium kroppenstedtii' ye etkili

World J Surg
DOI 10.1007/s00268-015-3147-9

ORIGINAL SCIENTIFIC REPORT

Topical Steroids Are Effective in the Treatment of Idiopathic Granulomatous Mastitis

Fatih Altintoprak[1] · Taner Kivilcim[2] · Omer Yalkin[2] · Yener Uzunoglu[2] · Zeynep Kahyaoglu[3] · Osman Nuri Dilek[1,4]

Retrospektif

Hastaları -Tam iyileşmiş,
- Yetersiz iyileşmiş,
- Stabil,
- Kötüleşmiş ve
- Nüks etmiş olarak sınıflamışlar

Enfekte görünümde olanlara antibiyotik, antiinflamatuar, absesi olanlara drenaj uygulamışlar.

Topikal steroid, Prednisolone (Prednol pomad®% 0,125) 2x1/günaşırı 4 gün, 3 gün boşluk, iyileşene kadar uygulanmış.

World J Surg
DOI 10.1007/s00268-015-3147-9

World Journal of Surgery

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52 hasta

5 hasta(%9,6),3 hasta tbc (%5,8), 2 hasta (%3,8) sarkoidoz çalışma dışı

14 hasta (%26,9) geniş lokal eksizyon

33 hasta (%63,4) sadece topikal steroid tdv

Mean 8,2 hafta (4-12 hf)

Tam iyileşme görülünce tdv kesilmiş.

3 Hastada (3/28 %10,7) Nüks

Nükslere aynı tdv, 1 hasta tekrar nüks

Toplam tdv başarısı > %90

İntermitant kullanımla 16-24 hafta kullanılabilir

Yan etki yok

The Breast Journal

ORIGINAL ARTICLE

Effect of Topical Steroid Treatment on Idiopathic Granulomatous Mastitis: Clinical and Radiologic Evaluation

Yasemin Gunduz, MD,* Fatih Altintoprak, MD,† Lacin Tatli Ayhan, MD,* Taner Kivilcim, MD,† and Fehmi Celebi, MD†

2008-2013 11 hasta

12 hafta topikal steroid tedavisi

(Prednol pomad®% 0,125) 2x1/günaşırı 4 gün, 3 gün boşluk)

12 ay izlem

2 hastada nüks

Topikal hidrokortizon tedavisi
Hidrokortizon asetat % 0,5
Hidrokortizon bütirat % 0,1

Topikal steroid
Tam remisyon (TR) % 98,8 -100

BREASTFEEDING MEDICINE
Volume 12, Number 7, 2017

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CI, confidence interval; NA, not available.

264 ilgili yayın

Topikal steroid ile IGM' de TR ve nüks oranı
2 Çalışma (n = 39)
TR Oranı %100.
Topical steroidle tahmin edilen TR oranı %98.8 (95% CI 93.3%, 99.8%) .

Nüks Oranı %10.7 ve 18.2%
Topical steroidle tdv edilenlerde tahmin edilen nüks oranı **%14.3** (95% CI 5.4%, 26.6%).

Sadece gözlesek????

ORIGINAL ARTICLE

The Role of Conservative Treatment in Idiopathic Granulomatous Mastitis

Eric C. H. Lai, MRCSEd,*† Wing Cheong Chan, FRCSEd,* Tony K. F. Ma, FRCPath,‡ Alice P. Y. Tang, FRCR,§ Cycles S. P. Poon, FRCPath,¶ and Heng Tat Leong, FRCSEd*

*Departments of *Surgery and ¶Pathology, North District Hospital, HKSAR, China; †Department of Surgery, Chinese University of Hong Kong, HKSAR, China; and Departments of ‡Pathology and §Radiology, Alice Ho Miu Ling Nethersole Hospital, HKSAR, China*

■ **Abstract:** Idiopathic granulomatous mastitis (IGM) is a rare benign inflammatory disease of the breast that mimics carcinoma of the breast. Its etiology and treatment remain unclear. A retrospective review of nine women with histopathologic diagnosis of IGM was performed. The women had a mean follow-up of 18.7 months and a mean age of 45.7 years (range 32–83 years). The main presentation was breast mass (100%). Clinically and radiologically, 55.6% of the women were suspected to have malignancy. One patient was treated with lumpectomy without recurrence. Eight patients were treated with expectant management with close regular surveillance. No surgery was performed and no medications were given. Fifty percent of the patients had spontaneous complete resolution of disease after a mean interval of 14.5 months. These four patients had no recurrence. Fifty percent of patients had static disease. In conclusion, it is important to differentiate IGM from carcinoma of the breast. Tissue biopsy remains the gold standard to confirm the diagnosis. Expectant management with close regular surveillance is the treatment of choice. ■

Key Words: abscess, breast neoplasms, granuloma, mastitis, pathology

9 hasta; 1 hastaya lumpektomi 8 hasta

18.7 - 36 ay izlem

4 hasta kendiliğinden iyileşmiş % 50

BREASTFEEDING MEDICINE
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264 ilgili yayın

Gözlemle tedavi edilen IGM hastalarında TR oranı ve nüks oranı

Gözlemle tedavi edilen IGM hastalarında TR bildiren **4 çalışma** (n = 42) 2 çalışmada (n = 30) nüks oranı bildirilmiş.

TR oranı %75.0 - %100,

nüks oranı 0.0 - %11.1.

Gözlemle tedavi edilen IGM hastalarında tahmin edilen

TR oranı 95.1% (95% CI 87.0%, 99.4%) ve

nüks oranı 9.2% (95% CI 2.4%, 19.9%),

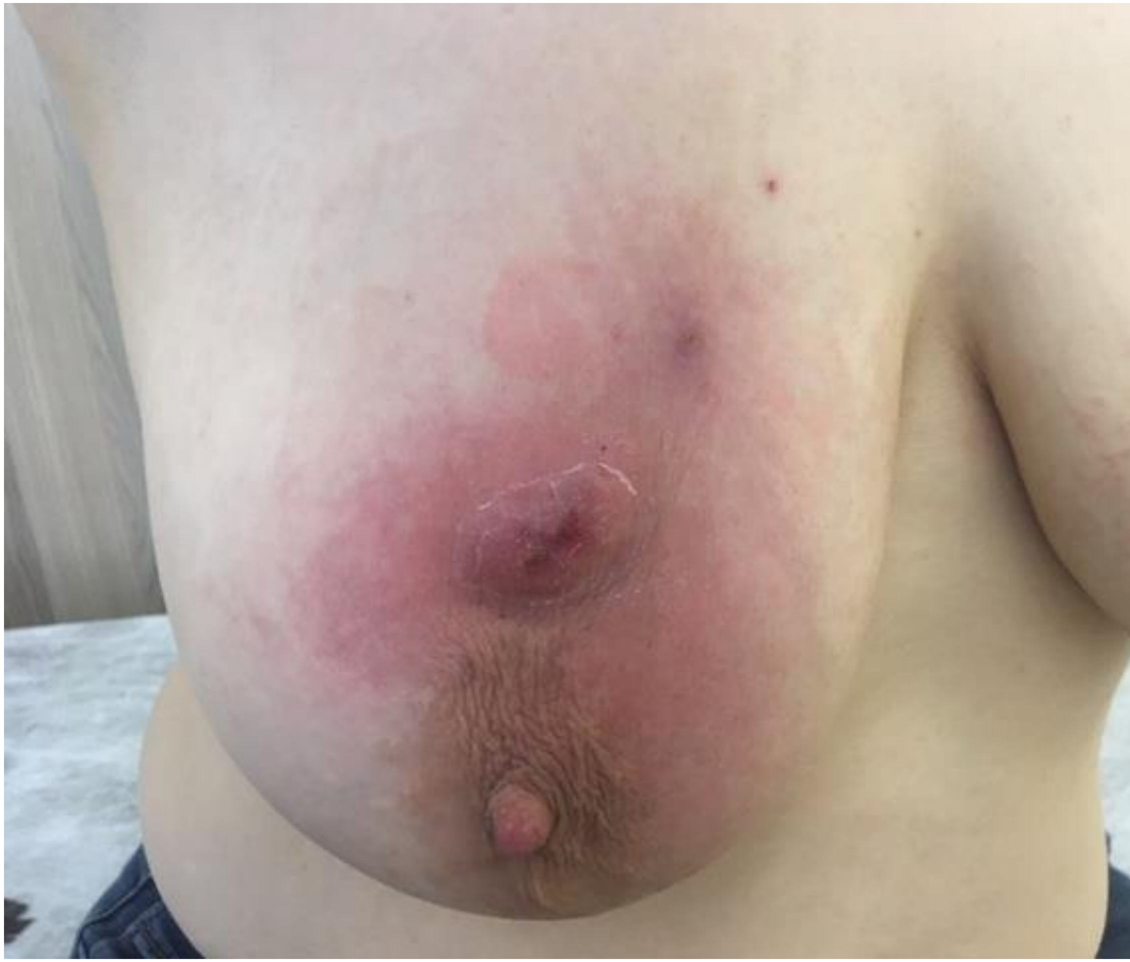
Sadece Gözlem

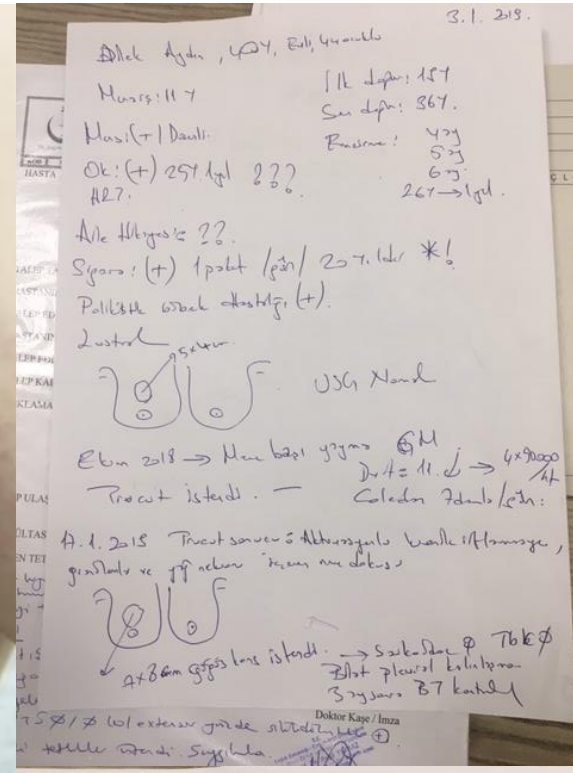
TR % 94,5- % 95,1
% 9,2 nüks

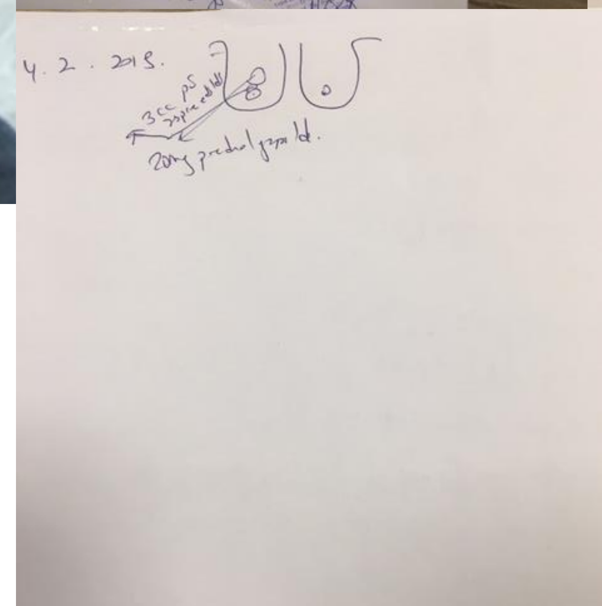
%16-50 nüks

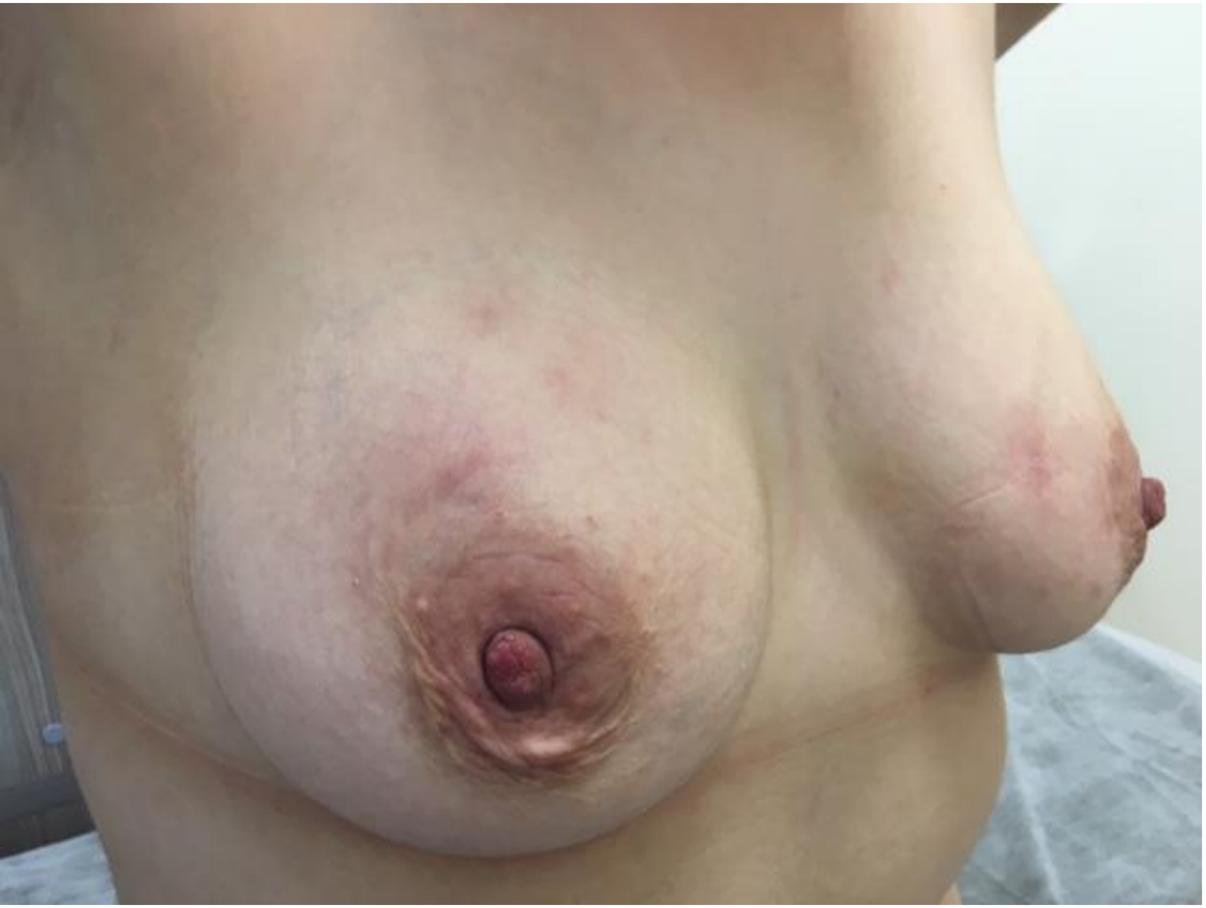
Breast journal,2011,661-667

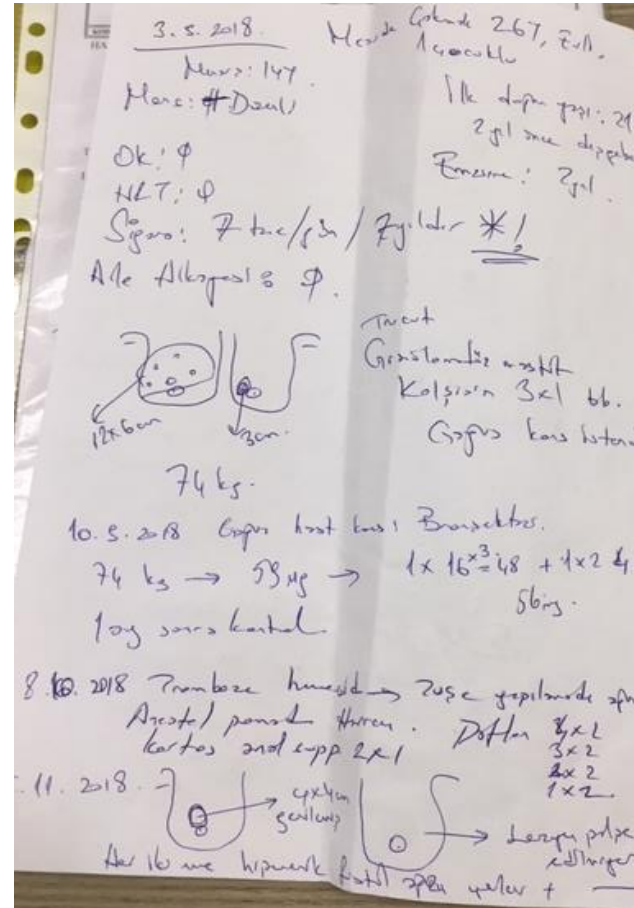
AntibiyotikTedavisi
7-10 gün ampirik antibiyotiik tedavisi
(Asoğlu O, Özmen V, Karanlık H Breast J; 2005;11:108-14)

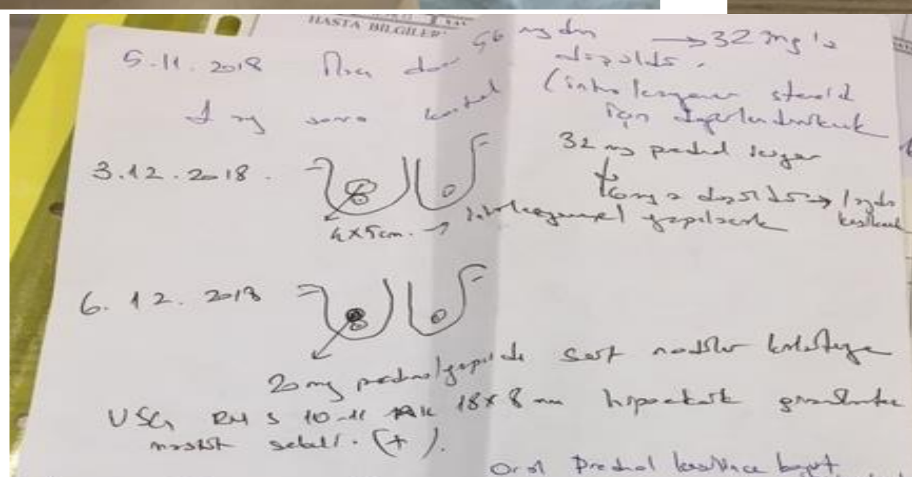


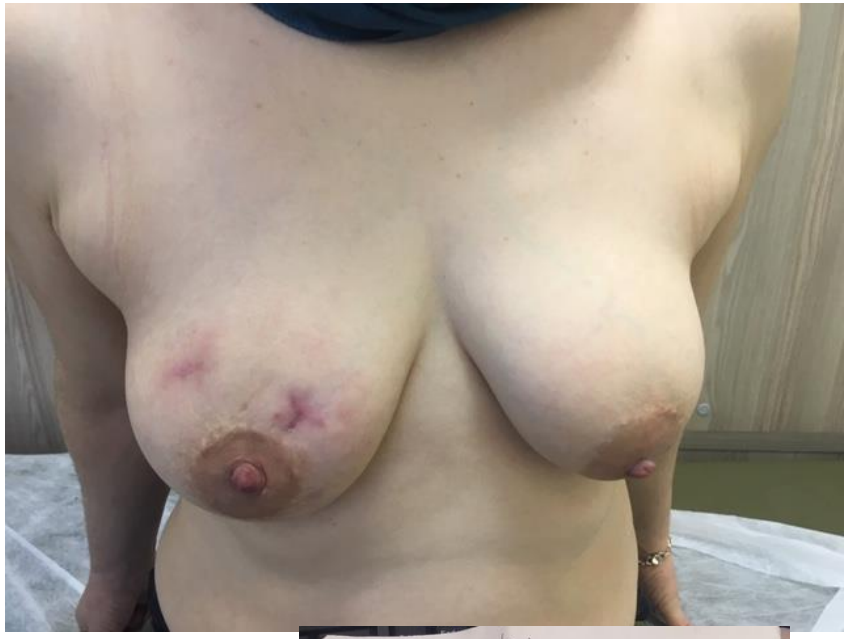

3.1.2019.
USG Normal
Procut istendi.
4.1.2019
Doktor Kaşe / İmza

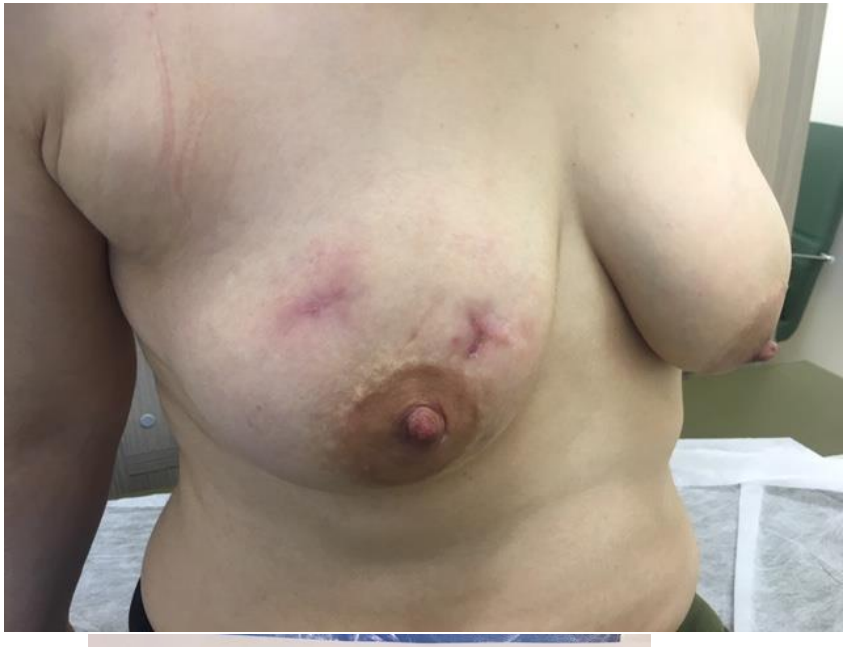

4.2.2019.

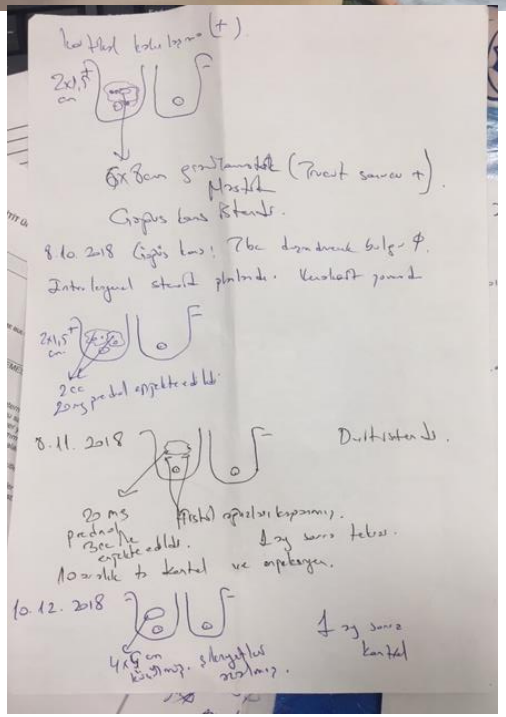


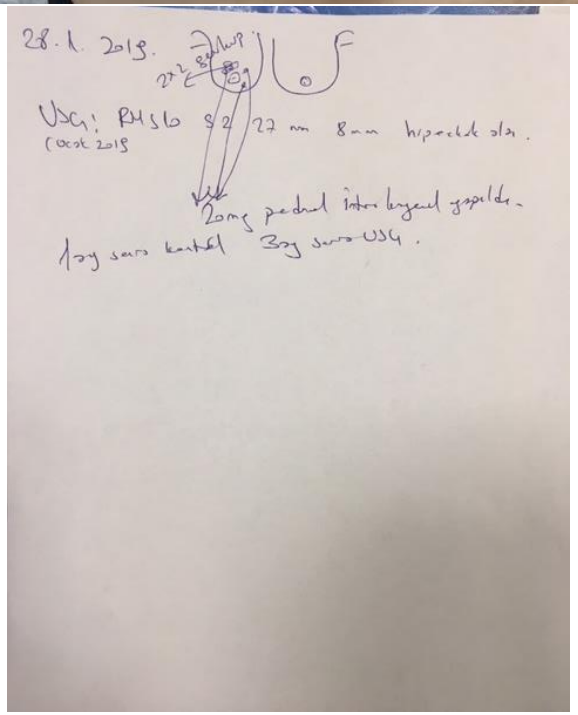

3.5.2018
Menarş: 14Y
Ok: φ
HRT: φ
74 kg.
10.5.2018
74 kg → 59 kg →
1 ay sonra kontrol.
8.10.2018
11.2018
4x4 cm


HASTA BİLGİLERİ
5.11.2018
→ 32 mg'a
3.12.2018.
4x5 cm.
6.12.2018
USG
18x8 mm
(+).









Lale Atahan

Anısına

Saygıyla