

Idiopathic Granulomatous Mastitis, a Clinicopathological Review of 22 Cases

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[6] and as old as 80 years [7]. Although its etiology is still unknown, several mechanisms have been postulated including autoimmunity [8], infective process [9] and a local reaction to chemical secretions [10]. For example there are some reports which describe the association of granulomatous lobular mastitis with Erythema nodosum and polyarthritis, thus highlighting an autoimmune cause [11,12]. In our series one case had a history of hypothyroidism and another patient suffered from rheumatoid arthritis. However, serologic tests for antinuclear antibodies and rheumatic factor are usually negative [13]. Its association with the use of oral contraceptive pills, hyperprolactinaemia and α_1 -Antitrypsin deficiency has been suggested [14-16]. In the other word, some authors suggest that most of the patients were suffering from hormonal perturbation. Oral contraceptives induce hyperplasia in the lobular ductule, thus leading to the obstructive desquamation of the ductules, distention of the ductules and perilobular inflammatory reactions [17]. However most of the studies show conflicting data associating the role of oral contraceptive pills in patients diagnosed with IGM, ranging from 0% to 33% [14]. In addition IGM has also been reported to occur in patients who did not receive hormonal contraception [18]. In the current study 8 patients (36.4%) had a history of hormonal contraception consumption. Correlations between IGM, pregnancy and breastfeeding have all been postulated but never proven. Bani-Hani et al. [14] reported pregnancy in 17%, and nursing in a similar 17% at the time of diagnosis. In another series, none of

