Galactocele in a Lactating Woman: A Case Report.

Dr Asheq Hussain

Medical Officer (Gynaecologist) District civil hospital, Amravati Maharashtra India

ISSN 2455-0574

Abstract

Galactoceles, benign cystic lesions filled with milk, are a rare but important entity encountered in lactating women. This case report discusses the clinical presentation, imaging findings, and management of a galactocele in a 32-year-old primigravida. The patient presented with a palpable breast lump during lactation, prompting further investigation. Imaging studies, including ultrasound, mammography, and magnetic resonance imaging (MRI), played a crucial role in confirming the diagnosis. The treatment involved a conservative approach with aspiration, and the patient demonstrated a favorable outcome. This report emphasizes the significance of a multidisciplinary approach to diagnose and manage galactoceles in lactating women.

Keywords: - Galactocele, Ultrasound, Lactation, Imaging.

INTRODUCTION

Galactoceles are cystic lesions containing milk, typically encountered in lactating women. While these lesions are generally benign, they can present diagnostic challenges due to their varied clinical manifestations and imaging characteristics. The rarity of galactoceles necessitates a comprehensive understanding of their clinical presentation, imaging features, and appropriate management. This case report aims to contribute to the existing literature by presenting a detailed analysis of a galactocele in a lactating woman.[1,2]

During lactation, the breast undergoes dynamic changes, making it susceptible to various benign conditions, including galactoceles.[3]

Access this Journal Online

Quick Response Code

Website: www.ijomcr.net

Email:ijomcr@gmail.com

Corresponding Authors:-
Dr Asheq Hussian
Medical Officer (Gynaecologist) District civil hospital, Amravati Maharashtra India
surgavpm@gmail.com

The hormonal fluctuations associated with breastfeeding can lead to milk stasis and subsequent cyst formation. Clinically, patients may present with a palpable breast lump, pain, or discharge. However, the definitive diagnosis relies on imaging studies.[4,5]

CASE REPORT

A 32-year-old primigravida presented with a palpable breast lump during the postpartum period. Clinical examination revealed a well-defined, mobile mass in the left breast. Ultrasonography demonstrated a hypoechoic lesion with posterior acoustic enhancement, consistent with a fluid-filled cyst. Mammography revealed a circumscribed mass without associated microcalcifications. To further characterize the lesion and assess its extent, an MRI was performed, revealing a T2 hyperintense cystic lesion with no concerning features.

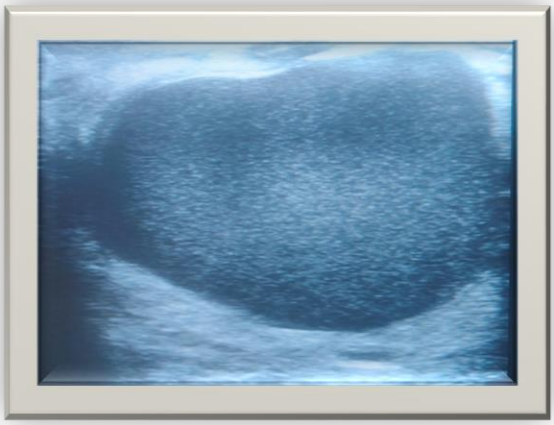

Figure 1: - Ultrasound image showing hypoechoic lesion with minimal posterior acoustic enhancement.

The patient underwent ultrasound-guided aspiration, confirming the diagnosis of a galactocele. Aspiration yielded milky fluid, confirming the cystic nature of the lesion. The patient's symptoms improved post-aspiration, and follow-up imaging confirmed resolution of the galactocele.

DISCUSSION

Imaging plays a pivotal role in diagnosing galactoceles and differentiating them from other breast lesions. Ultrasonography is often the initial modality of choice, revealing a well-circumscribed hypoechoic mass with posterior acoustic enhancement.[6] Color Doppler may demonstrate vascularity within the cyst wall, supporting the benign nature of the lesion. Mammography typically shows a circumscribed mass with smooth margins, while the absence of microcalcifications further supports the benign nature of the lesion. [7,8]

MRI provides additional valuable information about the composition and extent of galactoceles. On T1-weighted images, galactoceles appear hypointense, while on T2-weighted images, they appear hyperintense. The lack of enhancement on post-contrast sequences is a characteristic feature, aiding in differentiation from malignant lesions. Fat-suppressed sequences help confirm the cystic nature of the lesion.[9]

In challenging cases or when malignancy cannot be definitively excluded, biopsy may be considered. However, the ability of imaging to confidently diagnose galactoceles without invasive procedures underscores its significance in the clinical management of these cases. [10]

CONCLUSION

Galactoceles, though rare, should be considered in the differential diagnosis of breast masses in lactating women. This case report highlights the importance of a multidisciplinary approach involving clinical evaluation and various imaging modalities for accurate diagnosis and appropriate management. Ultrasonography, mammography, and MRI collectively contribute to a comprehensive understanding of the imaging features of galactoceles. The successful resolution of the presented case through ultrasound-guided aspiration reinforces the conservative management approach for these benign lesions. Increasing awareness of galactoceles and their distinct imaging characteristics is crucial for avoiding unnecessary interventions and ensuring optimal patient outcomes.

Conflict of interest
None

Source of Funding
None

REFERENCE

1. Sabate JM, Clotet M, Torrubia S, Gomez A, Guerrero R, Heras P, et al. Radiologic evaluation of breast disorders related to pregnancy and lactation. Radiographics. 2007;27 (Suppl 1): S101-24.
2. Geddes DT. International Breastfeeding Journal Review Ultrasound imaging of the lactating breast: methodology and application. International Breastfeeding Journal. 2009;4:4.
3. Vuolo M, Suhrland MJ, Madan R, Oktay MH. Discrepant cytologic and radiographic findings in adjacent galactocele and fibroadenoma: a case report. Acta Cytol. 2009;53(2):211-4.
4. Maria shabbirsaria, Masoomraza mirza. Breast diseases presenting during pregnancy and lactation.Journal of surgery pakistan (international) 15 (3) july - september 2010. 9-12
5. Sawhney S, Petkovska L, Ramadan S, Al-Muhtaseb S, Jain R, Sheikh M. Sonographic appearances of galactoceles. J Clin Ultrasound. 2002;30(1):18-22. doi:10.1002/jcu.10038
6. Kim MJ, Kim EK, Park SY, Jung HK, Oh KK, Seok JY. Galactoceles mimicking suspicious solid masses on sonography. J Ultrasound Med. 2006;25(2):145-151. doi:10.7863/jum.2006.25.2.
7. Kelly KM. Sonographic evaluation of benign and malignant breast lesions. Crit Rev Diagn Imaging. 1996;37(2):79-161.
8. Logullo AF, Prigenzi KCK, Nimir CCBA, Franco AFV, Campos MSDA. Breast microcalcifications: Past, present and future (Review). Mol Clin Oncol. 2022;16(4):81. doi:10.3892/mco.2022.2514
9. Talele AC, Slanetz PJ, Edmister WB, Yeh ED, Kopans DB. The lactating breast: MRI findings and literature review. Breast J. 2003;9(3):237-240. doi:10.1046/j.1524-4741.2003.09322.x
10. Espinosa LA, Daniel BL, Vidarsson L, Zakhour M, Ikeda DM, Herfkens RJ. The lactating breast: contrast-enhanced MR imaging of normal tissue and cancer. Radiology. 2005;237(2):429-436. doi:10.1148/radiol.2372040837

Author Contribution:- HA-Concept and design, manuscript preparation, revision of manuscript, review of manuscript.

How To Cite This Article

Hussain A, Galactocele in a Lactating Woman: A Case Report IJOMCR 2024 5 (1) 4-6