

## An unusual cause of a breast lump

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A 58-year-old woman was referred to the breast clinic in view of a suspicious mammogram. Biopsy of the lump demonstrated granulomatous change. She was otherwise asymptomatic and was referred to a respiratory physician for completion. She went on to develop intermittent epigastric pain; clinical examination was normal. Her GP ordered bloods, which were normal, other than an elevated erythrocyte sedimentation rate of 82 mm/hr. An abdominal ultrasound was normal, and a computed tomography scan of the thorax, abdomen and pelvis (Figure 1) showed diffuse adenopathy (axillary, mediastinal, retrocrural, intra-abdominal and inguinal) throughout. The differential diagnosis included lymphoma and metastatic disease. Further investigation included an axillary lymph node biopsy. Histology (Figure 2) showed non-caseating granulomata, confirming a unifying diagnosis of sarcoidosis.

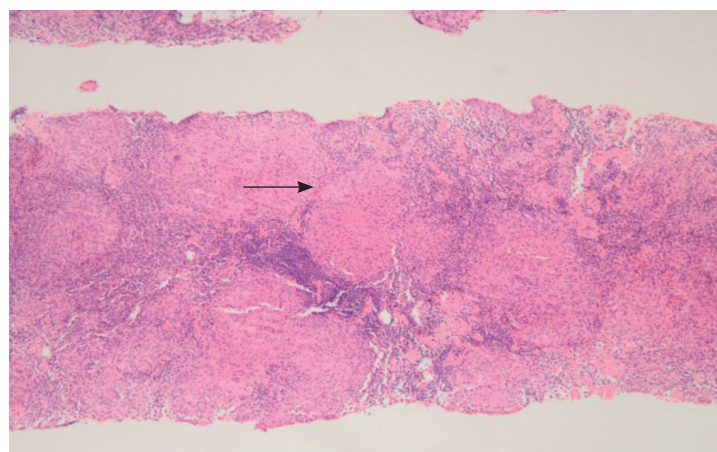
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**Figure 1.** Cross-sectional computed tomography of the thorax illustrating right hilar and sub-carinal lymphadenopathy (arrows).



**Figure 2.** Haematoxylin and eosin stain, magnification x10 illustrating residual epithelioid cells forming granulomata (arrow). Ziehl–Neelsen stain was negative.

### How to cite this article:

Renton BJ, Shahid A, Yunus MJ, Browne AM. An unusual cause of a breast lump. *Br J Hosp Med.* 2021. <https://doi.org/10.12968/hmed.2019.0209>