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Lymphocytic Lobulitis Presenting in an Adolescent Female: A Case Report

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Describe role of Submitting/Presenting Trainee in this project (limit 150 words):
The presenting trainee saw the patient in clinic with the primary mentor, assisted in the literature review, communicated with the primary mentor and other authors, and assisted with the writing of the abstract. The presenting trainee will follow up on the laboratory results that are still pending, will help create the poster presentation, and will present the poster presentation.

Background, Objectives/Goal, Methods/Design, Results, Conclusions limited to 500 words

Background:
Lymphocytic lobulitis (LL) is a benign disease process of the breast that is associated with various autoimmune diseases such as Type 1 diabetes mellitus (T1D). It occurs most often in pre-menopausal women. This association between LL and T1D reported in the adult literature can be as high as 69.7% and LL is often referred to as diabetic mastopathy (1). To our knowledge there are no reported cases of LL in the pediatric population.

Objectives/Goal: To describe a case of lymphocytic lobulitis in a pediatric patient without known T1D.

Methods/Design: N/A

Results: N/A

Conclusions: Our case involved a previously healthy 16-year-old female with bilateral mammary hyperplasia. Concurrent intertrigo was present bilaterally beneath each breast. Significant autoimmune diseases were reported in the family including autoimmune hypothyroidism, rheumatoid arthritis, inflammatory bowel disease, and systemic lupus erythematosus. Her breast exam demonstrated mammary hypertrophy with grade 3 ptosis, but no discreet breast masses were appreciated. Bilateral reduction mammoplasty was undertaken without complications. Histopathology of the resected breast tissue revealed mammary hypertrophy consistent with juvenile macromastia with associated LL. Post-operative issues included edema, breast erythema and pruritus. A short course of prednisolone was prescribed and these symptoms resolved over the next few weeks. Due to the strong association with autoimmunity, an Endocrine referral was made. The patient reported no polyuria, polydipsia or weight loss. There were also no GI symptoms, no recent hair loss, and her menses were reported as regular. No goiter was palpated. Biochemical evaluation was negative for celiac and autoimmune thyroid disease. Fasting blood glucose and HBA1c were also normal. Autoimmune markers for T1D are currently pending.

This case is significant as lymphocytic lobulitis has not previously been reported in the pediatric population. Even though autoimmunity has not been discovered in our patient at this time, it is important for pediatricians to understand the known association between LL and autoimmunity and appreciate any potential future risk. It is also important to understand that associations are not necessarily causal, and there is a paucity of information regarding her prognosis.

1. Diabetes Care, Vol 25, No 1, Jan 2002