

Fig. S1 Histological staining of granulomatous lobular mastitis. **a** hematoxylin-eosin stain $(\times 4)$. **b** hematoxylin-eosin stain $(\times 20)$

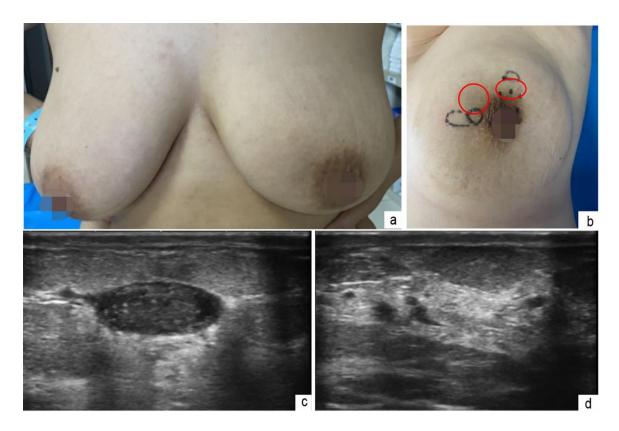


Fig. S2 Self-limited stage. **a, b** Granulomatous lobular mastitis in a 33-year-old woman with a painful mass of 6 weeks' duration in the upper inner quadrant of the left breast, without nipple retraction. **c, d** Hypoechoic masses were detected by ultrasound at the direction of 10 o'clock (3.5 cm \times 0.9 cm) and 12 o'clock (0.5 cm \times 0.4 cm, 0.3 cm \times 0.2 cm, 0.4 cm \times 0.2 cm)

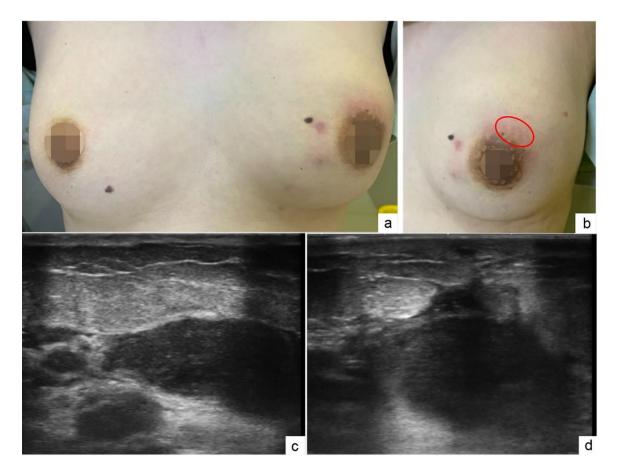


Fig. S3 Congestive swelling stage. **a, b** Granulomatous lobular mastitis in a 29-year-old woman with a painful mass of 3 months' duration in the upper outer quadrant of the left breast, with hyperaemia and swelling skin, without nipple retraction. **c, d** Larger hypoechoic mass $(6.8 \text{ cm} \times 2.8 \text{ cm})$ was detected by ultrasound

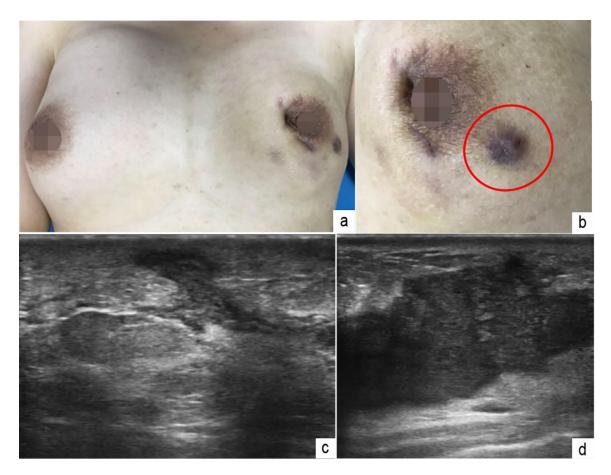


Fig. S4 Abscess formation stage. **a, b** Granulomatous lobular mastitis in a 35-year-old woman with a palpable mass of 4 weeks' duration in the outer lower quadrant of the left breast, with hyperaemia and swelling skin, without nipple retraction. **c, d** Irregular anechoic areas and abscesses $(3.9 \text{ cm} \times 1.9 \text{ cm})$ were detected by ultrasound

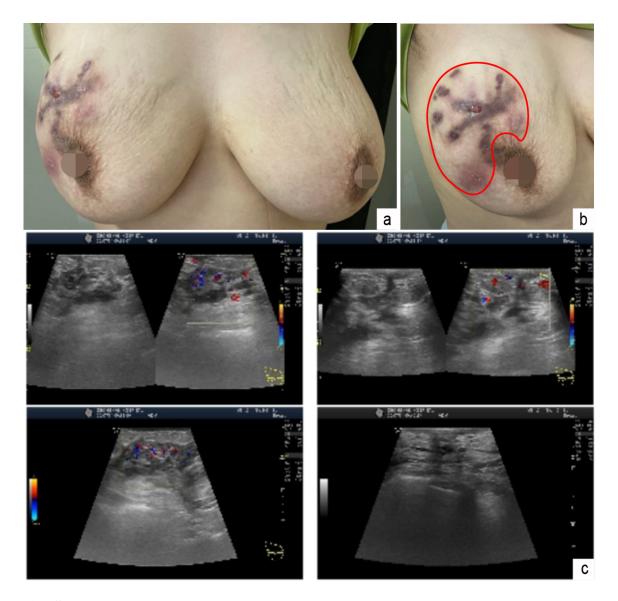


Fig. S5 Complex refractory stage. **a, b** Granulomatous lobular mastitis in a 33-year-old woman with a palpable mass and persistent wound infection of 6 months' duration in the outer upper and lower quadrants of the right breast, with hyperaemia and swelling skin, without nipple retraction. **c** Abscesses (5.3 cm \times 0.6 cm), sinus, fistula, skin ulceration and pus were detected by ultrasound