

A case of tubercular breast abscess in a young female

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Citation

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Abstract

Tuberculosis is still a very common disease in the Indian subcontinent. Though it can affect any system of the body, primary involvement of the breast is relatively rare even in India. Although it affects mainly the poor or the impoverished, we present here a case of breast tuberculosis in a young Indian female from an affluent family.

CASE

A 22-year-old girl presented with a painless lump in the left breast and a painless lump in left axilla for 1 month. There was no history of any nipple discharge or tuberculosis in the family. Examination revealed a mobile lump in the upper outer quadrant of the left breast along with multiple matted palpable glands in the left axilla. A breast USG revealed an abscess of 5.1 x 4.6 x 2.6cm in the upper outer quadrant of the left breast, along with a 2.7 x 3.4 x 1.6cm tubular fluid collection in the left axilla and multiple glands in left axilla. FNAC from the breast lump suggested a tubercular breast abscess. ZN stain showed AFB. Her Hb was 9.7 g%, her TC 10200 and her ESR 60mm. She was started on anti-TB medication using a 4-drug regime. A follow-up examination and scan after 2 months did not reveal any reduction in symptoms or size of the lesion. Hence she was taken up for surgery. Excision of the abscess cavity in the breast with the communicating track and the mass of matted lymph nodes in the left axilla was done en bloc through an incision in the upper outer quadrant of the breast. Histology suggested granulomatous inflammation suggestive of TB. Her TB-PCR was also positive. Her wound has healed well. She is continuing her medication for tuberculosis.

Figure 1

Abscess cavity along with track leading up to the mass of matted axillary nodes

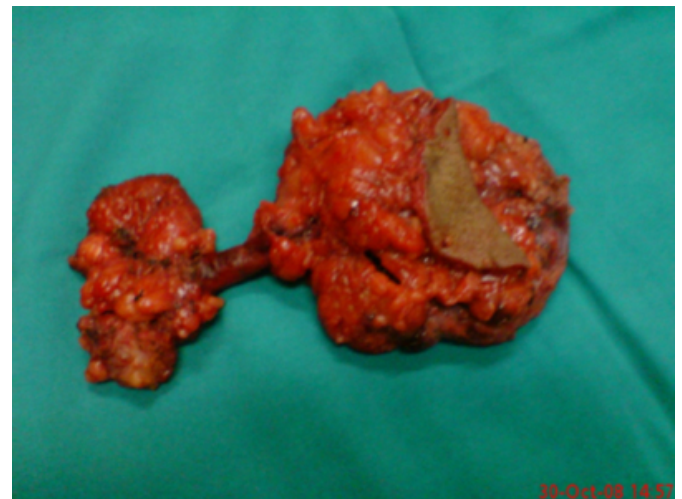
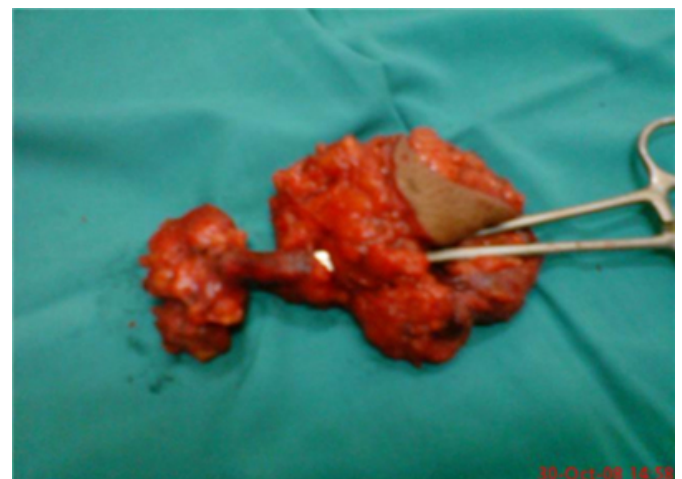


Figure 2

Artery forceps inside the abscess cavity leading into the track



DISCUSSION

The incidence of breast TB in developing countries 3-4.5%, while that in developed countries is around 0.6-1.6% (1,2). A study in India showed that 4.13% of all benign breast lumps were due to breast TB (3). It can be primary, when there is no other obvious focus of infection in the body elsewhere or secondary to tuberculosis of the lungs. It usually affects women in the 20-40 year age group (2). A breast lump is the commonest presentation, usually affecting the upper outer quadrant and often confusing the diagnosis with a breast carcinoma. Nipple and areola involvement is rare. USG of the breast with FNAC and a ZN stain showing AFB is diagnostic. Once a tuberculous abscess forms,

antituberculous medication by itself may not be enough to cure the disease. Surgery helps by draining the pus and removing the abscess cavity and the mass of matted lymph nodes in the axilla.

References

1. Hamit HF, Ragsdale TH. Mammary tuberculosis. J R Soc Med 1982; 75; 764-5.
2. Shinde SR, Chandrawarkar RY, Deshmukh SP. Tuberculosis of the breast masquerading as carcinoma. A study of 100 patients. World J Surg 1995; 19; 379-381.
3. Puneet, Tiwary SK, Ragini R, Singh S, Gupta S and Shukla V. Breast tuberculosis: still common in India. The Internet Journal of Tropical Medicine. 2005, Volume 2, Number 2.

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