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Tuberculosis of Breast: A Rarest of The Commonest

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Introduction

Although tuberculosis is the most prevalent disease in India, tuberculosis of breast is one of the rarest entity. Tuberculosis of breast causes chronic inflammation of breast and presents as lump in breast, chronic breast abscess and sinuses.

Pathophysiology

- Tuberculosis of breast is caused by spread from axillary or internal mammary lymph nodes or osteitis of rib or sternum.
- Sometimes infection may reach the breast from pleural cavity.
- Uncommon source of infection can be entry from cracked nipple or hematogenous spread.
- Tuberculous mastitis has five pathological varieties:
  1. Nodular [most common]
  2. Disseminated
  3. Sclerosing
  4. Tuberculous mastitis obliterans
  5. Acute miliary tuberculous mastitis

Case Report

Case History

- A 31-year-old female presented to outpatient department with complaints of lump in the right breast which is associated with pain since 4 months.
- Patient is not a lactating mother and does not have complaint of nipple discharge.
- Patient does not have history of fever or weightloss.
- Patient does not have history of previous tuberculosis nor any history of TB contact.
- Patient is a known case of hypothyroidism and is on medications (T. Thyroxine 25mcg HS).

Examination

Patient is well oriented to time, place and person.

Local Examination

- A 4X4cm lump present in outer quadrant of right breast with erythema, local rise in temperature and tenderness.
- Swelling is present over the lump and has fluctuation on examination.
- No evidence of active nipple discharge.
- No axillary lymphadenopathy

Systemic Examination

- Within normal limits

Differential Diagnosis

- Breast abscess
- Chronic mastitis
- Idiopathic granulomatous mastitis
- Inflammatory carcinoma of breast
- Tuberculosis of breast

Figure 1

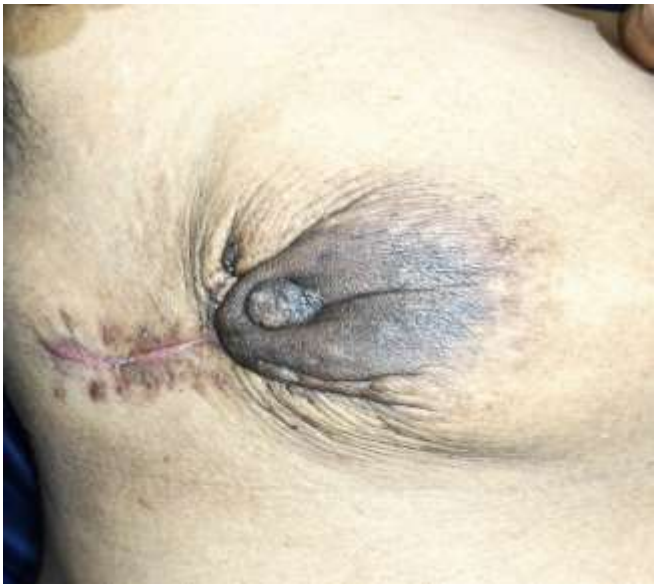

Figure 2

Sequel

- Keeping these differentials, basic blood investigations (complete blood counts, liver function tests and kidney function tests), chest x-ray and ultrasonography of bilateral breasts and axilla was done with was suggestive of breast abscess.
- On the basis of clinical and radiological diagnosis, incision and drainage was done with drained around 20cc of purulent discharge which

was sent for routine microscopy and culture sensitivity and underlying slough was sent for histopathological examination.

- RMCS report was suggestive of no growth. HPE report was suggestive of granulomatous mastitis.
- Patient was kept on daily cleaning and dressings and the wound had granulation tissue.
- After 2 months patient had similar complaints of lump in the same location with signs of inflammation and purulent discharge from the site of previous incision and drainage
- A wide local excision was done and the excised specimen was sent for histopathological examination.
- The HPE report was suggestive of necrotizing granulomatous mastitis with central cystic cavity lined by lymphocytes, neutrophils, histiocytes and few epithelioid giant cells which favors Koch's.
- Acid Fast Stain was positive.

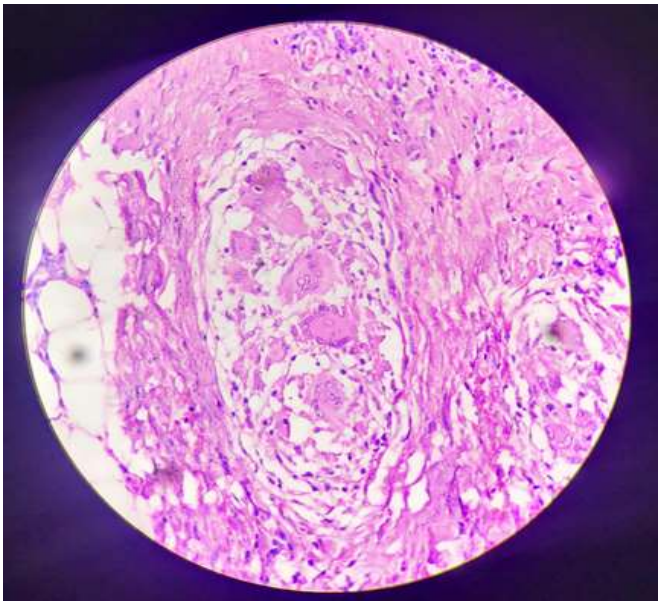

Figure 3

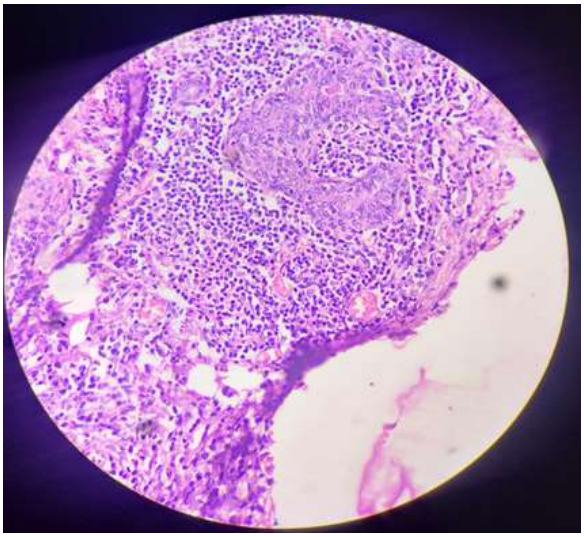

Figure 4

Treatment

- Patient was started on antitubercular drugs (Isoniazid, Rifampicin, Pyrazinamide and Ethambutol) according to the weight band.
- After 2months of intensive phase patient had a healed suture site with no evidence of any discharge and lump.
- Ultrasonography was suggestive of postoperative changes in suture site, no evidence of focal lesion nor axillary lymphadenopathy.

Conclusion

Tuberculosis of breast may present with painful chronic lump in breast, multiple pus discharging sinuses and ulcerations.

Breast tuberculosis is treatable with antitubercular drugs and symptomatic treatment with incision and drainage of the abscesses and wide local excision.

Early diagnosis might help in avoiding wide local excisions and mastectomies.

It is very crucial to differentiate it from idiopathic granulomatous mastitis as treatment of IGM is systemic steroids which will worsen the breast tuberculosis.

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