

# Tuberculosis of Breast....Delays in Diagnosis!

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## Case Report

**Abstract:** Diagnosis of tuberculosis breast is of rarity with incidence of between 1 -5% in India. Most of the cases of TB breast are mistaken with abscess and carcinoma. It is usually seen in young lactating multiparous women. We report a case of tuberculous mastitis in a young multiparous woman who presented with chronic unilateral breast swelling, earlier diagnosed as a galactoceles by FNAC, treated conservatively. But in view of persistence of swelling, it was followed by repeat FNAC which showed a tuberculous mastitis. Patient was treated with anti-tuberculous drugs showing a good response with resolution of swelling and symptoms. Clinical suspicion is always what is required in these patients especially in developing countries with endemic tuberculosis.

**Keywords:** Tuberculosis of breast, Tuberculous mastitis.

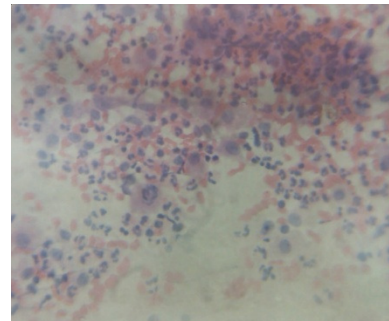
## Introduction

We in developing countries like India are constantly around the menace of tuberculosis, pulmonary as well as extra pulmonary tuberculosis. Particularly with the rampant immunodeficiency diseases mainly HIV, malnutrition, poverty, the recent years have seen the resurgence of tuberculosis especially the drug resistant strains. Incidence of TB breast varies between 1-5 % in our country. There is always a delay in diagnosis of these patients, sometimes wrongly labeling as cancer, abscess or a galactoceles. Successful treatment of these patients is dependent on suspicion and starting early anti-tuberculous treatment.

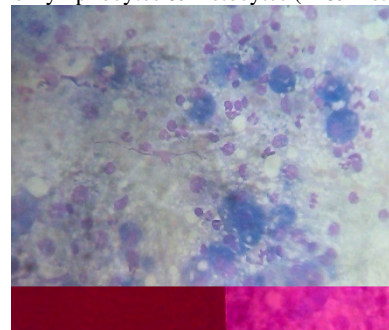
## Case Report

We report a case of 34 year female who presented with swelling of size 3x3 cm and pain in her right breast since 6 months. Patient was malnourished had 2 children, last delivery one and half year back. There was no history of pulmonary tuberculosis or any exposure to tuberculosis in family. There was significant history of loss of weight over last 3 months but no history of fever. Swelling was firm in consistency with local tenderness. There were no lymph nodes palpable locally as well as generally. FNAC done outside showed suspicious of galactoceles. In view of strong clinical suspicion FNAC was repeated, which showed features of tuberculous mastitis including histiocytes, epithelioid cells and few neutrophils (*Figure 1 and Figure 2*). Patient was given 6 months of anti

tuberculous treatment. The swelling gradually regressed over 2 months completely. The patient also gained significant weight over 3 months following increase in appetite.



**Figure 1:** Histopathology of resected specimen showing formation of epithelioid granulomas with Langerhans giant cells and aggregation of lymphocytes & histocytes (H & E staining 40 X)



**Figure 2:** Histopathology of resected specimen showing formation of epithelioid granulomas with Langerhans giant cells and aggregation of lymphocytes & histocytes (MMG staining 40 X)

## Discussion

Majority of tuberculosis of breast present with a swelling. The lesion can be either primary or secondary following focus in other parts of body[3]. There are 3 forms of tuberculosis of breast including nodular, diffuse and sclerosing. The nodular form is characterized by a circumscribed lesion. The diffuse form of the disease has multiple tuberculous foci of the breast which often cause multiple ulcerations and discharging sinuses on the skin. The sclerosing form of the disease is more commonly seen in elderly women with excessive fibrosis [4]. Most

of patients respond to 2 months of INH, rifampicin, ethambutol and pyrazinamide followed by 4 month course of INH and rifampicin[5]. Strong clinical suspicion is required to differentiate this condition from breast cancer, abscess which is chronic and chronic galactocele as in this case[6].

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