Breast Tuberculosis : A Case Report

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A 52 years old female presented with a palpable lump and few discharging sinuses in the left breast. Patient gave history of having the lump for last one year. It was initially small and grew to present size over a year. Sinuses had developed few days back. Few anti-inflammatory drugs and antibiotics had been taken which did not bring about any relief. On physical examination the breast was tender. A diffuse mass was palpated involving the upper quadrants of the breast, predominantly the outer one. There was discoloration of the overlying skin with multiple sinuses through which dirty fluid was discharged on pressure. Mass was fixed with the skin and also fixed to the chest wall. Mobile nodes could be palpated in left axilla. Right breast was unremarkable. No nodes were felt in right axilla. On mammography, large irregularly marginated dense lesion was seen in the left breast in the region of upper quadrants. Clinically and radiologically, provisional diagnosis was carcinoma of the breast. The age of the patient and location of the mass also favoured the provisional diagnosis, but for the discharging sinuses. Fine needle aspiration biopsy of the lesion revealed granulomatous inflammatory process and mycobacterium tuberculosis. There was no family history of tuberculosis. The general signs and symptoms of tuberculosis : tiredness, weight loss, evening rise of temperature were absent. All baseline haematological tests were normal. X-ray chest of the patient was normal. Surgical drainage of the lesion was advised which the patient refused. A course of antitubercular drugs was given. Repeat clinical examination after 9 months did not reveal any well defined lesion. Left breast was hard as compared to the right breast and sinuses had healed with scarring. No mass was seen on repeat mammogram though left breast was more dense as compared to the right.

Tuberculosis of the breast is rare even in countries where the incidence of pulmonary and extra-pulmonary tuberculosis is still very high. Clinically and radiologically the disease may be indistinguishable from carcinoma or pyogenic breast abscess. The most reliable diagnostic studies include the bacteriological culture of the aspirate and the histological examination.