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Breast tuberculosis: case report

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Abstract: *Mammary tuberculosis is a rare form of mycobacterium tuberculosis that most often attacks the lung. Mammary tuberculosis usually simulates a breast abscess or breast cancer, which makes it difficult to diagnose. We report a case of breast tuberculosis seen at our university hospital.*

Keywords: breast, tuberculosis, abscess, diagnosis, treatment.

Introduction:

Mammary tuberculosis is a rare form of extra-pulmonary tuberculosis. It represents 0.06 to 0.1% of all tuberculosis localisations [1,2]. Positive diagnosis of this condition is based essentially on histology and anatomopathological study. This form of extra-pulmonary tuberculosis may simulate breast cancer.

Patient and observation:

The patient was 36 years old, with no previous history of tuberculosis, poor, with a regular menstrual cycle. She was admitted to a gynaecological emergency department with mastodynia of the left breast and a fever that had been progressing for three days. The clinical examination on admission revealed a patient in good general condition, febrile at 38.5 and on examination of the breast, the presence of an inflammatory retro-areolar and infero-lateral tumefaction of the left breast with discharge of pus, and the presence of homolateral axillary adenopathies, all suggestive of a breast abscess, but the left breast was without abnormality and the rest of the clinical examination was normal.

Mammography revealed a thickened skin layer with diffuse oedematous glandular infiltration containing moderately dilated milk ducts, associated with a hypoechoic retro-areolar lesion measuring 11.5 mm. Two axillary adenopathies measuring 31.4 mm and 13 mm with moderately thick cortex and fatty hilum were also present.

Discussion:

Mammary tuberculosis is indeed a rare manifestation of tuberculosis, representing only a small fraction of tuberculosis cases. It is often difficult to diagnose because of its similar clinical appearance to other breast conditions, notably breast cancer. Risk factors such as pregnancy, lactation and multiparity may contribute to its occurrence.

Mammary tuberculosis is transmitted by a variety of routes, including lymphatic, haematogenous, contiguous and ductal. Diagnosis is often based on histological examination, revealing epithelioid and gigantocellular granulomas with caseous necrosis. Clinically, breast tuberculosis can present as a nodular mass or an inflammatory mass, which can often be mistaken for breast cancer. Clinical criteria such as recurrent abscesses, fistulised axillary adenopathy and mammary fistulae can help guide the diagnosis.

Radiologically, there are no specific signs of mammary tuberculosis, but irregular heterogeneous opacities may be seen on mammography,

Ultrasound may show a hypoechoic, heterogeneous image with minimal posterior enhancement.

Treatment of breast tuberculosis is generally based on antibacillary antibiotics, sometimes with percutaneous drainage of abscesses. In some cases of resistance to medical treatment, surgery, such as mastectomy, may be necessary [1].

It is important to consider breast tuberculosis as a potential diagnosis in patients with compatible clinical and radiological signs, particularly in areas where tuberculosis is endemic. Early diagnosis and appropriate management are crucial to improve the prognosis of this rare but serious disease.

Conclusion:

Mammary tuberculosis remains a rare form of tuberculosis. The diagnosis is purely histological, and radiology is often misleading. The main differential diagnosis is breast cancer, which must always be ruled out.

Figure 1: Front view of the left breast

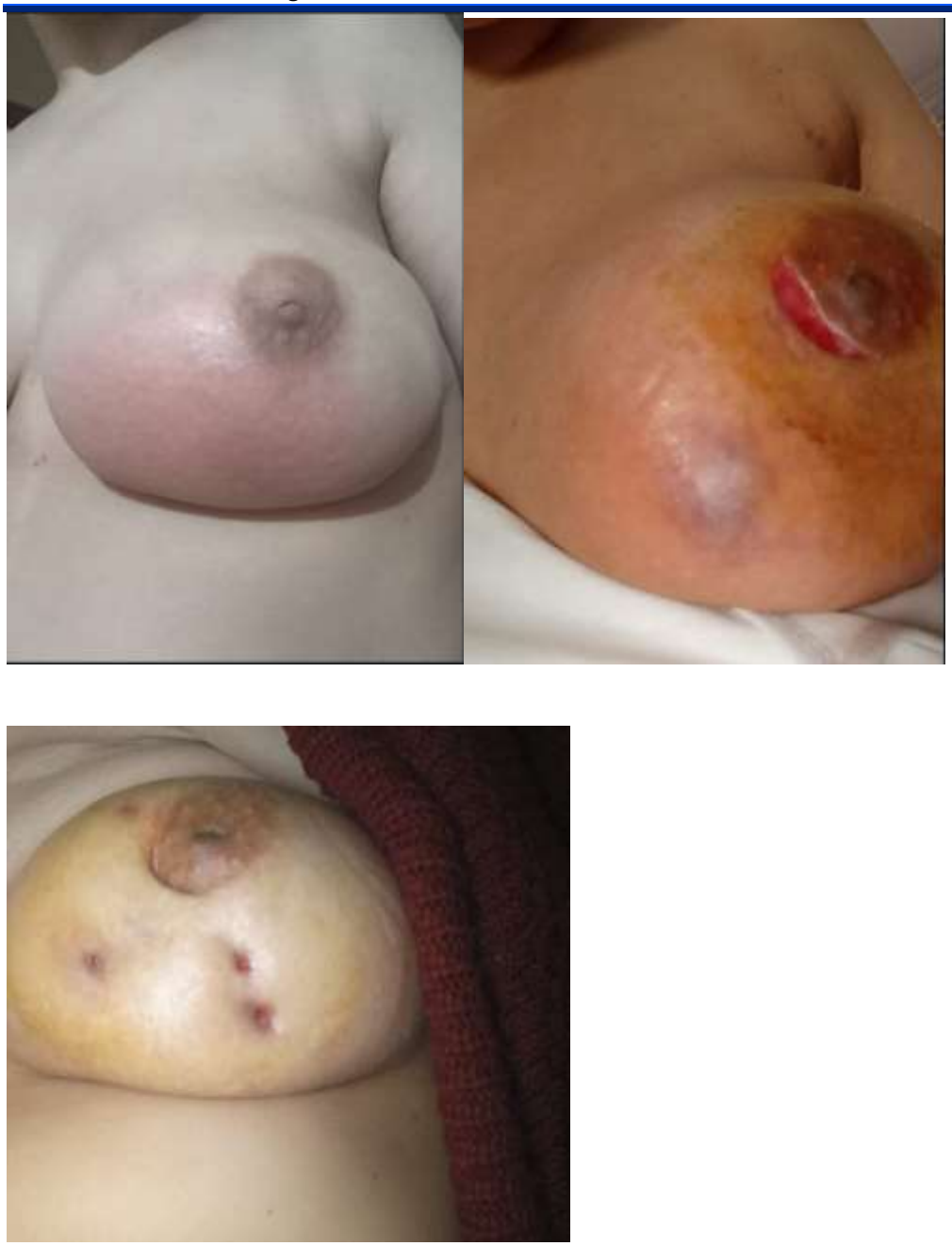
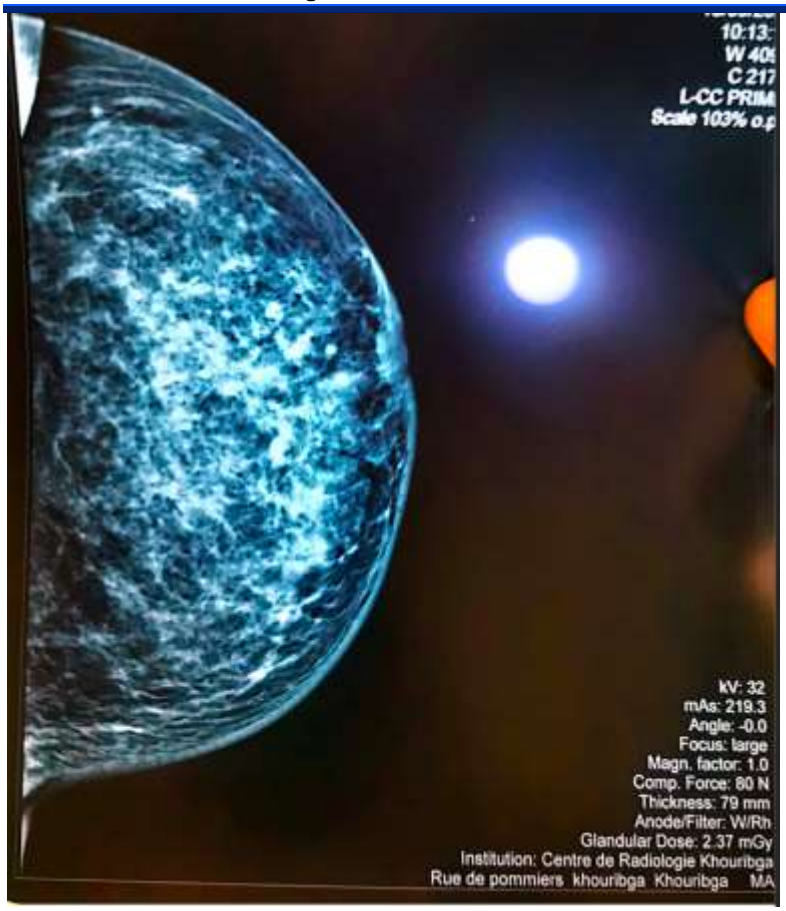


Figure 2: Profile mammogram of the left breast.



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