



Women Presented with Breast Involvement of Tuberculosis

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Dear Editor-in-Chief

Traditionally, tuberculosis (TB) has been considered as a pulmonary disorder. But nearly 17.9% of TB cases represent only with extrapulmonary manifestations (1). Breast tuberculosis is variable and non-specific, so the diagnosis is usually delayed (2).

In this paper, we present seven patients with a palpable, tender or non-tender mass in their breasts, in addition, the trend of diagnosis and treatment as cases of breast tuberculosis.

Seven married Persian women during 2005 to 2010 were referred to an academic hospital affiliated to Golestan University of Medical Sciences, Northeast of Iran due to breast masses unresponsive to routine antibiotics. They had no remarkable changes in physical examinations except for discharging or dry wounds, nodule or redness in the breast. The mean (\pm SD) of age was 33.5 (\pm 6.74) years old (range=27-35). History of pulmonary TB reported in only one of our patients. A lag time of 21-150 days was reported between the symptom onset and the diagnosis. No mammographic abnormalities found in 4 patients. Tissue biopsy was taken from all of them and AFB was extracted from the discharges. All of these cases were treated and recovered after the beginning of anti-TB drugs. Response to treatment was defined as negative cultures.

The only risk factor of these patients was young age (27-35 years) that has been reported to increase vulnerability to breast TB in young, married; multiparous women who had breast-feed (3-4). Only one of our patients reported a previous history of TB. This was in contrast the other litera-

tures where reported the secondary form (patient has a prior history of TB) of breast TB more frequent than the primary form which the breast is the only location of infection (3).

Therefore, when a woman in reproductive age presents with a palpable lump in breast, the possibility of tuberculosis must be kept in mind and should be included in the differential diagnosis, especially in endemic area for TB (5).

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References

1. Mirsaedi SM, Masjedi MR, Mansouri SD, Velayati-AA (2007). Tuberculosis of the breast: report of 4 clinical cases and literature review. *East Mediterr Health J*, 13(3):670-6.
2. Lin TL, Chi SY, Liu JW, Chou FF (2010). Tuberculosis of the breast: 10 years' experience. *Int J Tuberc Lung Dis*, 14(6):758-63.
3. Kao PT, Tu MY, Tang SH, Ma HK (2010). Tuberculosis of the breast with erythema nodosum: a case report. *J Med Case Reports*, 29(4):124.
4. Sen M, Gorpelioglu C, Bozer M (2009). Isolated primary breast tuberculosis: report of three cases and review of the literature. *Clinics (Sao Paulo)*, 64(6):607-10.
5. Kakkar S, Kapila K, Singh MK, Verma K (2000). Tuberculosis of the breast. A cytomorphologic study. *Acta Cytol*, 44(3):292-6.