



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

BREAST TUBERCULOSIS: DIAGNOSTIC AND THERAPEUTIC DILEMMAS

Fatma Frikha⁽¹⁾ - Emna Elleuch⁽²⁾ - Ichrak Boughariou⁽²⁾ - Hana Chaabouni⁽²⁾ - Meriem Amouri⁽¹⁾ - Hamida Turki⁽¹⁾ - Fatma Smaoui⁽²⁾ - Dorra Lahyeni⁽²⁾ - Mounir Ben Jmeaa⁽²⁾

Hedi Chaker Hospital, Dermatology, Sfax, Tunisia⁽¹⁾ - Hedi Chaker Hospital, Infectious Diseases, Sfax, Tunisia⁽²⁾

Introduction: Breast tuberculosis (BT) is an extremely rare disease. The diagnosis is difficult to establish since it can mimic malignancy or inflammatory diseases of breast.

Objective: to report the epidemiological and clinical features of BT in our endemic region and highlight the major diagnostic role of the pathology in this rare location.

Materials and methods: A retrospective study was conducted in the infectious diseases department, including patients with confirmed BT between 1985 and 2017. The diagnosis was based on histological and/or bacteriological confirmation of the infection or retrospectively after therapeutic evidence.

Results: Twenty cases of BT were included. All the patients were female. The average age was 39.2 years (range 23-66). Three women were. The average time between onset of symptoms and diagnosis was 2.7 months (range 0,5-13 months). The most commonly symptoms were: breast pain (90%), fever (70%), nodule (50%), cutaneous fistulization (45%) and abscess (40%). Unilateral breast involvement was observed in all cases. Mammography with ultrasound (performed for 11 cases) showed nonspecific signs (65%) or suggested carcinoma (35%). Histological examination of biopsied lesions confirmed the presence of chronic granulomatous inflammation with caseous necrosis (40%), granulomatous inflammation without caseous necrosis (60%) and associated carcinoma in 1 case. PCR Mycobacterium tuberculosis was positive in 1 case. Culture was negative in all cases. All patients were treated with a combination of antitubercular antibiotics for 9 months. Associated surgical treatment was necessary in 18 cases (90%). All the patients recovered and 1 recurrence was identified.

Conclusions: the diagnosis of BT is challenging because of the misleading clinical presentation of the disease miming breast abscess and cancer, the frequent negativity of bacteriology and the necessity of histology in the accurate confirmation of BT.

