



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

## **TUBERCULOSIS MASTITIS MIMICKING CHRONIC ECZEMA AND MORPHEA IN A FILIPINO WOMAN**

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**Background:** Tuberculosis infections have been constantly present in our society despite the advances in therapeutics. Cutaneous lesions of Tuberculosis can be due to either an exogenous or an endogenous source. Mastitis is an inflammation of breast tissue, which may have an underlying infectious etiology. Tuberculosis Mastitis is a rare manifestation of extra-pulmonary mycobacterial infection. It commonly affects females of reproductive age, lactating, and multiparous.

**Information:** A 36-year-old, Filipino woman presented with a 2-year history of hyperpigmented plaque with atrophic areas on the areola of the left breast. Sinus formation and serous discharge would be noted on the said lesion during her menstrual periods. A diagnosis of breast eczema and morphea were consistently given, but was unresponsive to the usual treatment regimen. Skin biopsy revealed a granulomatous inflammatory infiltrate consisting of histiocytes, lymphocytes and multinucleated giant cells with focal necrosis. A diagnosis of tuberculosis mastitis was given. PPD test and serum interferon-gamma-TB serologic tests were both positive (PPD= 16 mm). She was treated with 6 months anti-TB medications with complete resolution of the plaque and the discharge with only residual atrophy and hyperpigmentation.

**Key Message:** Tuberculosis Mastitis is a rare form of extra-pulmonary tuberculosis that can present as a diagnostic dilemma even in the eyes of an experienced clinician. Histopathology, PPD skin test, and Serum interferon-gamma-TB serologic tests ultimately contributed in arriving at the correct diagnosis. This was evidenced by the positive response of the lesions after a 6-month course of anti-TB medications.

**Keywords:** Mastitis, Tuberculosis, Morphea

