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Background

Breast tuberculosis is a rare disease accounting for less than 0.1% in developed countries and 3% to 4% in high incidence regions. Its diagnosis remains challenging as it closely mimics breast cancer and abscess. We aimed to study the epidemiological, clinical and therapeutic features of breast tuberculosis.

Methods

We conducted a retrospective study including all patients hospitalized in the infectious diseases department for breast tuberculosis between 2000 and 2018.

Results

- **Total:** 17 cases
- **Gender:** women (100%)
- **Mean age:** 40 ±12 years.
- **Urbanity of residence:** Nine patients came from rural area: 52.9%.
- **Previous medical history:**
 - ▶ Tuberculosis: 2 cases: 11.7%
 - ▶ Family history of tuberculosis: None
 - ▶ Family history of breast cancer: None
- **At the time of diagnosis:**
 - ▶ Pregnancy: 3 cases: 17.6%
 - ▶ Breastfeeding: 1 case: 5.8%.
- **Duration of symptoms before consultation:** varied from one month to one year.
- **Tuberculin skin test:** positive in 10 cases: 58.8%.

- **Clinical signs and symptoms:** Both mastalgia and palpable breast lump were noted in 88.2% of the cases (Table 1)

Table 1: Clinical signs and symptoms among breast tuberculosis patients

	Number	Percentage (%)
Mastalgia	15	88.2
Palpable breast lump	15	88.2
Fever	13	76.5
Axillary lymphadenopathy	11	64.7
Signs of inflammation	8	47
Nipple discharge	4	23.5

- The average size of the breast lump was 5 ±2 cm.

- **Diagnosis confirmation:** Histopathological proof confirmed the diagnosis in 82.4% of the cases (Figure 1).

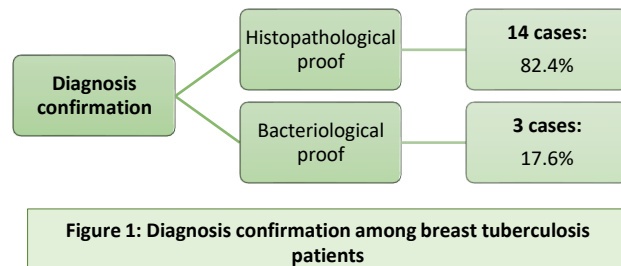


Figure 1: Diagnosis confirmation among breast tuberculosis patients

- **Mean duration of antitubercular therapy:** 10 ±1 months.
- **Surgical treatment:**
 - ▶ Excision of the mass: 10 cases: 58.8%
 - ▶ Mastectomy: 2 cases: 11.8%.
- **Disease evolution:**
 - ▶ Favourable: 15 cases: 88.2%
 - ▶ Relapse: 2 cases: 11.8%.

Conclusion

Breast tuberculosis should be suspected in front of breast abscess or inflammation with poor response to antibiotic treatment, especially in patients from endemic countries.

Background

Breast tuberculosis is a rare disease accounting for less than 0.1% in developed countries and 3-4% in high incidence regions. Its diagnosis remains challenging as it closely mimics breast cancer and abscess. We aimed to study the epidemiological, clinical and therapeutic features of breast tuberculosis.

Methods

We conducted a retrospective study including all patients hospitalized in the infectious diseases department for breast tuberculosis between 2000 and 2018.

Results

We enrolled 17 women with a mean age of 40 ±12 years. Nine patients came from rural area (52.9%). Two patients (11.7%) had a history of tuberculosis. None of our patients had a family history of tuberculosis, nor breast cancer. The duration of symptoms varied from one month to a year. At the time of diagnosis, three patients were pregnant (17.6%) and one patient (5.8%) was lactating. The most common clinical symptoms were mastalgia (88.2%), palpable breast lump (88.2%) and fever (76.5%). The average size of the breast lump was 5 ±2 cm. Eight patients (47%) had associated signs of inflammation, 11 patients had axillary lymphadenopathy (64.7%) and four patients had nipple discharge (23.5%). The diagnosis was confirmed by histopathological proof in 14 cases (82.4%) and bacteriological proof in three cases (17.6%). The tuberculin skin test was positive in 10 cases (58.8%). The mean duration of antitubercular therapy was 10 ±1 months. Excision of the mass were indicated in 10 cases (58.8%) and a mastectomy in 2 cases (11.8%). The cases of relapse were noted (11.8%).

Conclusion

Breast tuberculosis should be suspected in front of breast abscess or inflammation with poor response to antibiotic treatment, especially in patients from endemic countries.