**Tubercular Mastitis: A case report**

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**Introduction:** Tuberculosis is the most widespread human infection in the world. It can involve any organ and mimic other illnesses. Tubercular mastitis is a rare presentation of tuberculosis and accounts for 3-4% of breast lesions in India. We present the case of a patient with tuberculosis in both breasts at different times.

**Case Report:** A 46 year old lady was referred to our hospital with thick purulent yellowish discharge from the right nipple, which was not associated with fever or pain in the breast. It started 1 month ago, with a breast lump for which lumpectomy was done in a private hospital, but the discharge persisted, for which the patient was referred. She was diabetic, hypertensive and a known case of HCV infection. She had a previous history of lump in the left breast 2 years ago, associated with purulent discharge for which lumpectomy was done and Category I anti-tubercular treatment was given for 7 months based on the cytology report.

Local examination revealed retraction of both nipples, but failed to reveal any lump or tenderness in either breast. Thick purulent discharge could be expressed from the right nipple. Chest X ray and mammography failed to reveal any significant abnormality. The pus from the right breast was sent for microscopic examination. On cytology, it revealed neutrophils and many lymphocytes at the background of necrosis. On ZN staining, the pus was positive for acid fast bacilli (AFB), thus establishing the diagnosis of tubercular mastitis. Pus culture revealed the growth of staphylococcus aureus, sensitive to azithromycin, amoxicillin and ceftriaxone.

The patient was put on Category II anti-tubercular treatment and other antibiotics, to which she responded well, and was discharged subsequently.

**Discussion:** Tubercular mastitis is a rare extrapulmonary manifestation of tuberculosis. The most common clinical presentation is that of a solitary, ill defined hard lump situated in the central or the upper outer quadrant, which makes it indistinguishable from Ca breast. Another form of presentation in recent years is tuberculous breast abscess, which is more prevalent in endemic areas of tuberculosis. The gold standard for diagnosis of tubercular mastitis is ZN staining or bacteriological culture of the breast tissue. However, AFB are isolated in only 12% of the patients (this case being one of them). An excision biopsy is strongly recommended to rule out other diagnoses like sarcoidosis, fungal infections and malignancy.

**Conclusion:** In a TB endemic country like India, a high index of clinical suspicion of tubercular mastitis should be kept in mind, for every woman in the reproductive age group, presenting with a breast lump or nipple discharge.