CASE REPORT DOI: 10.15713/ins.bhj.108

Curious Case of Cold Abscess Masquerading as a Breast Lump

ABSTRACT

A 36-year-old woman presented with a painless right breast lump of 3 months duration. She had a history of fever not associated with chills for 2 days and a mild cough 3 months ago which was relieved on medication from her family doctor. She had a history of milk discharge from both the nipples 1 week ago, with her last lactation period 8 years ago during breastfeeding of her youngest son. Ultrasonography report stated irregular wall hypoechoic lesion seen in the right breast at 5 O'clock position showing peripheral vascularity probably suggestive of mass lesion/focal mastitis.

Key words: Breast lump, Chest wall tuberculosis, Cold abscess

INTRODUCTION

Tuberculosis (TB) is a public health problem in the developing countries.[1] TB of the chest wall is an extra-pulmonary location and represents 1–5% of all musculoskeletal TB, which is comparatively very less frequently encountered than pulmonary infection alone. The low incidence may be because the breast tissue, along with the skeletal muscle and spleen, appears to be relatively resistant to TB.[2,3] TB abscesses of the chest wall are most frequently found at the margins of the sternum and along the rib shafts, the costochondral junctions, costovertebral joints, and the vertebrae.[4] Rarely, intercostal spaces are affected without bone involvement during cold subcutaneous abscess. TB of the chest wall is rare, it often presents as cold abscess which should be differentiated from pyogenic abscess, whose diagnosis is difficult and often requires a surgical biopsy followed by histopathological examination.[5,6]

CASE REPORT

A 36-year-old housewife, with no past significant medical comorbidities, presented with a painless right breast lump for 3 months. She had a history of fever and mild cough 3 months ago which relieved on taking medication. She had a history of milky discharge from both the nipples 1 week ago. Clinical examination revealed a firm, deep-seated 1.5 cm lump in the lower inner quadrant of the right breast. The nipple of the right breast showed some erosion and skin over the breast was normal. There was no lymphadenopathy in the axilla or supraclavicular region on both sides. Systemic examination revealed no significant abnormality.

On examination

General condition of the patient was fair. On inspection of the right breast, the nipple showed some erosions but the skin over both the breasts was normal.

Shivani Desai, Sanjay Chatterjee

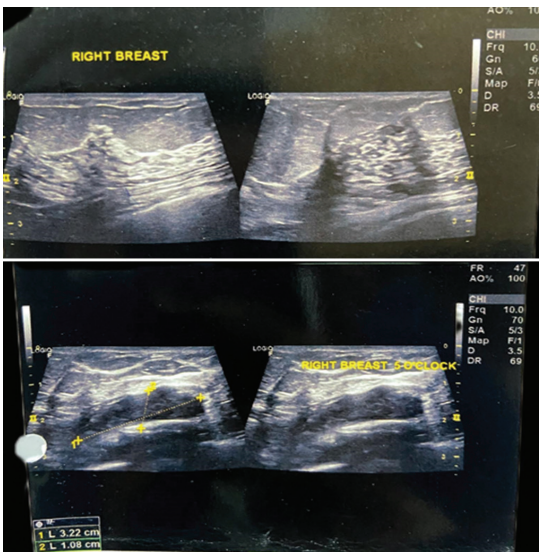
Department of General Surgery, Bombay Hospital, New Marine Lines, Mumbai, Maharashtra, India

Corresponding Author:
Dr. Sanjay Chatterjee, Bombay Hospital, New Marine Lines, Mumbai, Maharashtra, India.
E-mail: apavnasanjay@hotmail.com

On palpating, the lump was approximately 1.5 cm in size, firm, deep seated in the lower inner quadrant of the right breast. No lymphadenopathy noted.

Investigations

Ultrasonography.

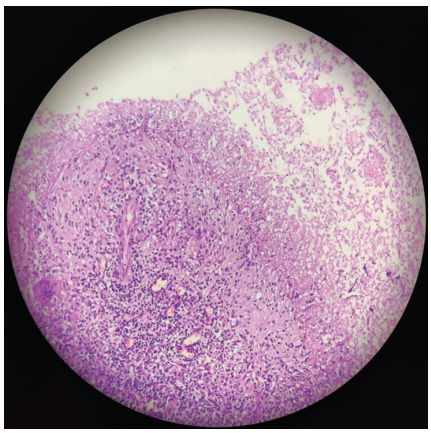


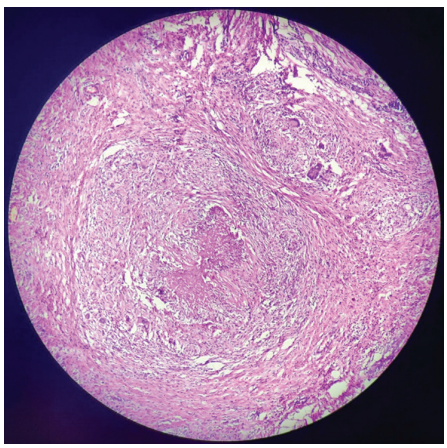
Intraoperative findings

Incision over the right breast was deepened to reach the roof of the abscess cavity which was situated over the anterior chest wall. Deroofing of the cavity was done and around 8–10 cc pus was drained. The wall of the abscess cavity was sent for histopathological examination.

Histopathology report

Necrotizing granulomatous inflammation consistent with TB. No malignancy.





CONCLUSION

Drainage of chest wall abscess and complete debridement provides adequate treatment, but post-surgical drainage antitubercular treatment should be started to prevent recurrence and promote healing of the abscess cavity. [7,8] Antitubercular treatment is usually started immediately after the microbiological and histological samples have been obtained if the clinical suspicion is high.[9,10]

REFERENCES

1. Bannerjee SN, Ananthakrishran N, Mehta RB. Tuberculous mastitis: A continuing problem. World J Surg 1987;11:105-9.
2. Moyano-Bueno D, Blanco JF, López-Bernus A, Gutiérrez-Zubiaurre N, Ruiz VG, Velasco-Tirado V, *et al*. Cold abscess of the chest wall: A diagnostic challenge. Int J Infect Dis 2019;85:108-10.
3. Popli MB. Pictorial essay: tuberculosis of the breast. Indian J Radiol Imaging 1999;9:127-32.
4. Shinde SR, Chandawarkar RY, Deshmukh SP. Tuberculosis of the breast masquerading as carcinoma: A study of 100 patients. World J Surg 1995;19:379-81.
5. Mukerjee P, George M, Maheshwari HB, Rao CP. Tuberculosis of the breast. J Indian Med Assoc 1974;62:410-2.
6. Ward AS. Superficial abscess formation: An unusual presenting feature of tuberculosis. Br J Surg 1971;58:540-3.
7. Bains L, Lal P, Chand T, Gautam KK, Beg MY, Kumar P. Isolated primary cold abscess of the sternum: A case report. J Med Case Rep 2019;13:267.
8. Faure E, Souilamas R, Riquet M, Chehab A, Le Pimpec-Barthes F, Manac'h D, *et al*. Cold abscess of the chest wall: A surgical entity? Ann Thorac Surg 1998;66:1174-8.
9. Hamit HF, Ragsdale TH. Mammary tuberculosis. J R Soc Med 1982;75:764-5.
10. Gupta R, Gupta AS, Duggal N. Tubercular mastitis. Int Surg 1982;6:422-4.

How to cite this article: Desai S, Chatterjee S. Curious Case of Cold Abscess Masquerading as a Breast Lump. Bombay Hosp J 2022;64(2):31-32.

Source of support: Nil, **Conflicts of interest:** None