IMAGES IN INFECTION

Breast ulceration in a teenager

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A 16-year-old girl, nulliparous, originally from Guinea, living in France for 6 years, was referred with a lump and overlying skin ulceration of the right breast that had been growing since the past 3 weeks (Fig. 1).

The patient's medical history was unremarkable. The first manifestation was the spontaneous appearance, without any history of wound or trauma, of a right axillary lymph node, followed by an indurated mass in the right breast. A fistulization of the mass with purulent discharge occurred a few days later. The patient had no history of weight loss, night sweats or fever. The primary diagnoses considered are listed in Table 1.

The results of the laboratory investigations, including serum biochemistry and blood count, were all within normal limits. Standard bacteriological culture of pus was negative.

Breast biopsy showed a granulomatous inflammatory reaction, encircled by pyo-epithelioid cells and giant cells. Direct examination of breast biopsy was negative for acid-fast bacilli, but the culture was positive for *Mycobacterium*



Fig. 1 Ulceration of the right breast at entry into care

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Table 1 Differential diagnosis of breast ulceration

Diagnosis

Breast cancer

Pyogenic breast abscess

Breast tuberculosis

Fungal infection

Parasitic infection

Sarcoidosis

Wegener's granulomatosis

Pyoderma gangrenosum

Idiopathic granulomatous mastitis



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Fig. 2 Right breast after 4 months of treatment for tuberculosis

tuberculosis. Serology for human immunodeficiency virus was negative.

There was no positive family history of breast tuberculosis.

The patient was treated with antitubercular drugs. Healing was obtained after 1 month (Fig. 2).

Breast tuberculosis is a rare event that was first described in 1829 by Sir Astley Cooper [1] in a young woman with swelling in the breast. Cases are regularly reported in

tuberculosis endemic countries, especially in sub-Saharan Africa, Asia, and North Africa [2–4]. In France, a country of low tuberculosis endemicity, only a few cases have been reported [5].

The diagnosis of breast tuberculosis should be considered in cases of ulceration of the breast, even in low endemicity area.

Conflict of interest On behalf of all authors, the corresponding author states that there is no conflict of interest.

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