# Case 6

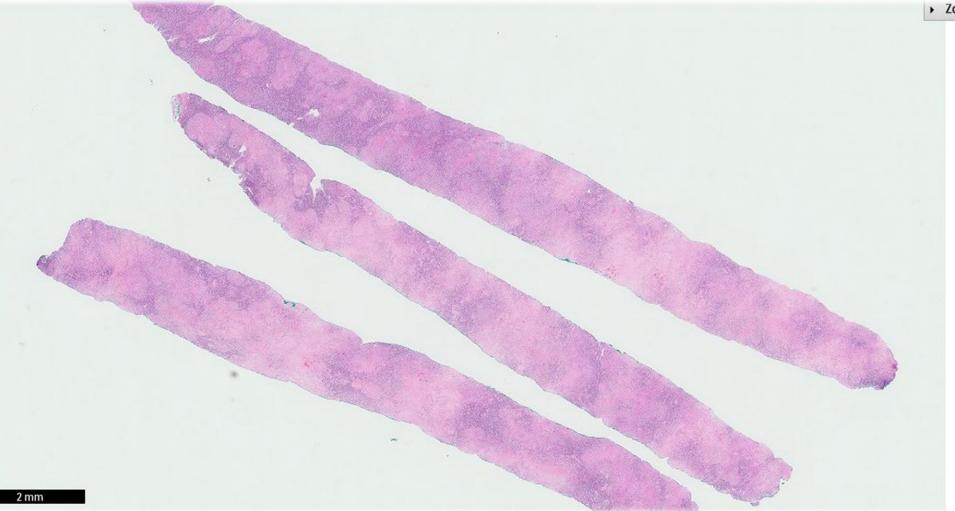
47 year old Indian lady underwent ultrasound guided core biopsies of a right breast UOQ nodule (A) and a right axillary mass (B).

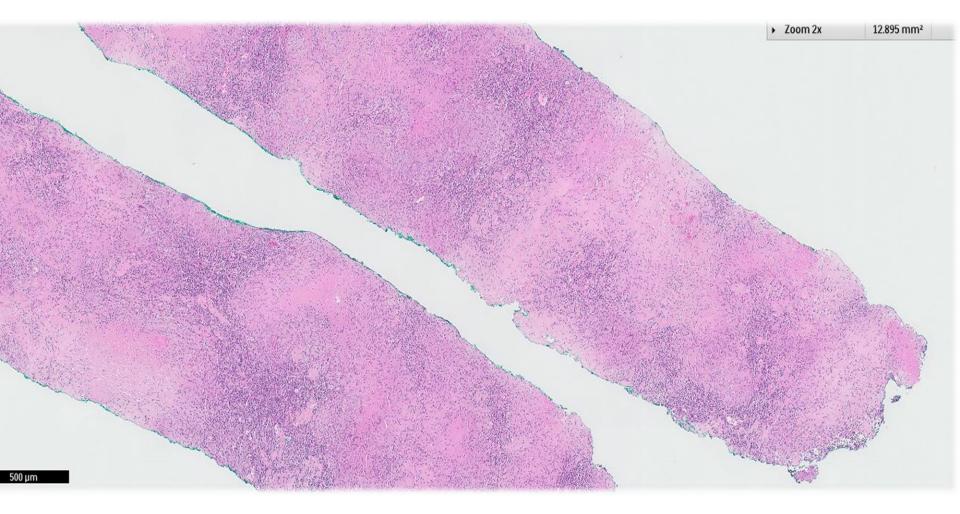
There were multiple enlarged right axillary lymph nodes.

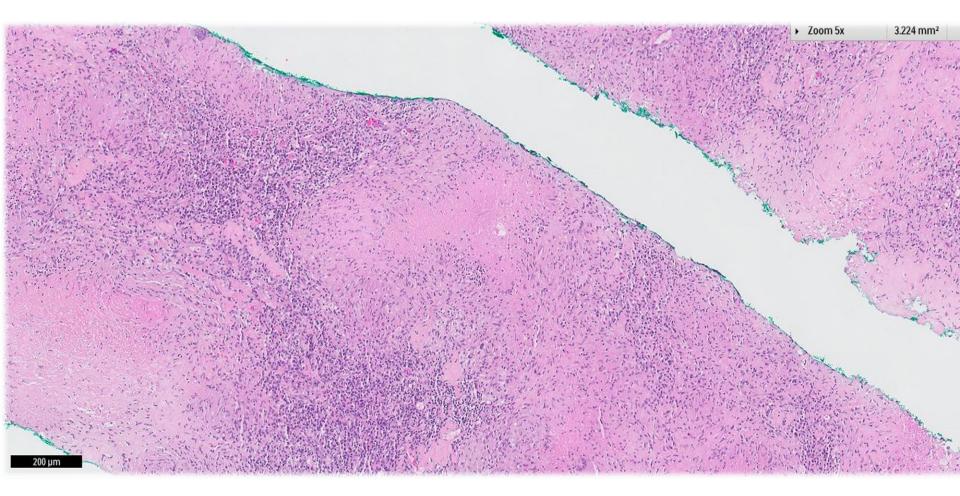
Radiological impression was malignancy, possibly lymphoma.



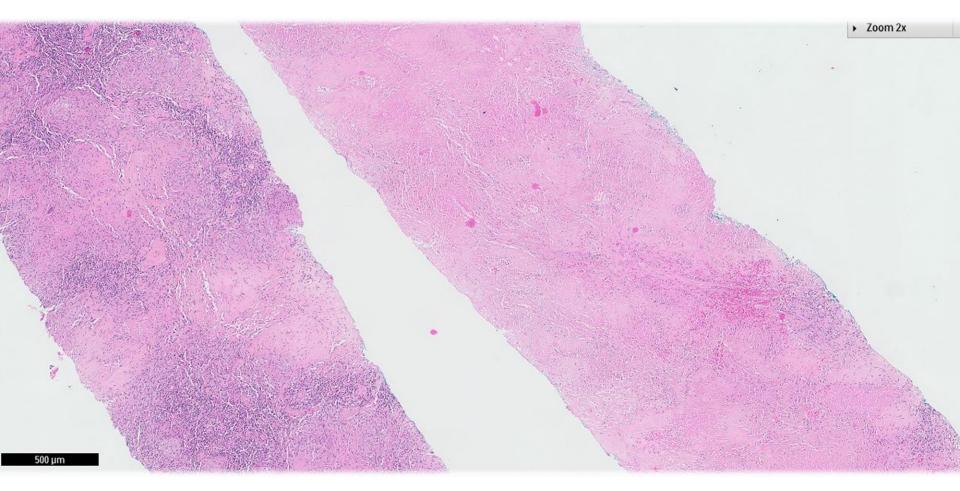


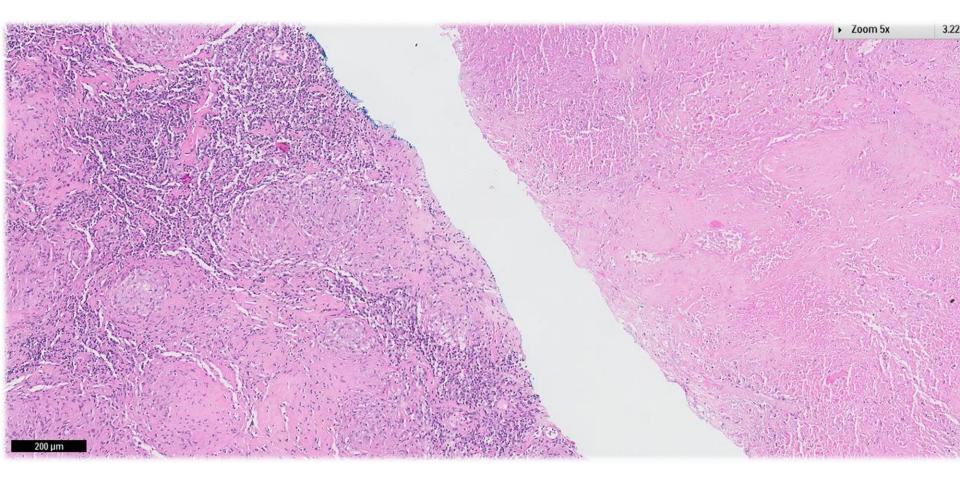






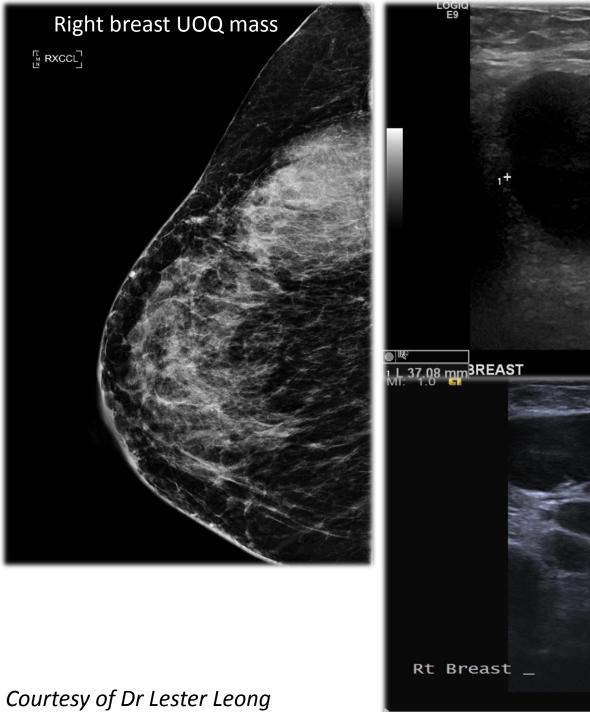


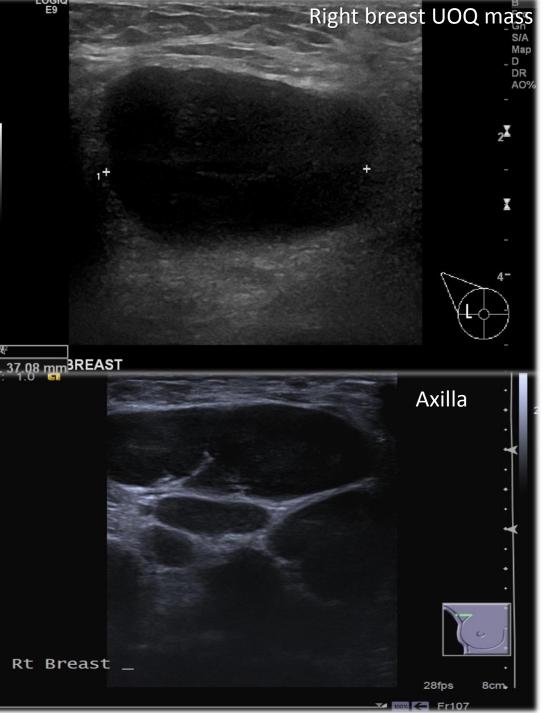


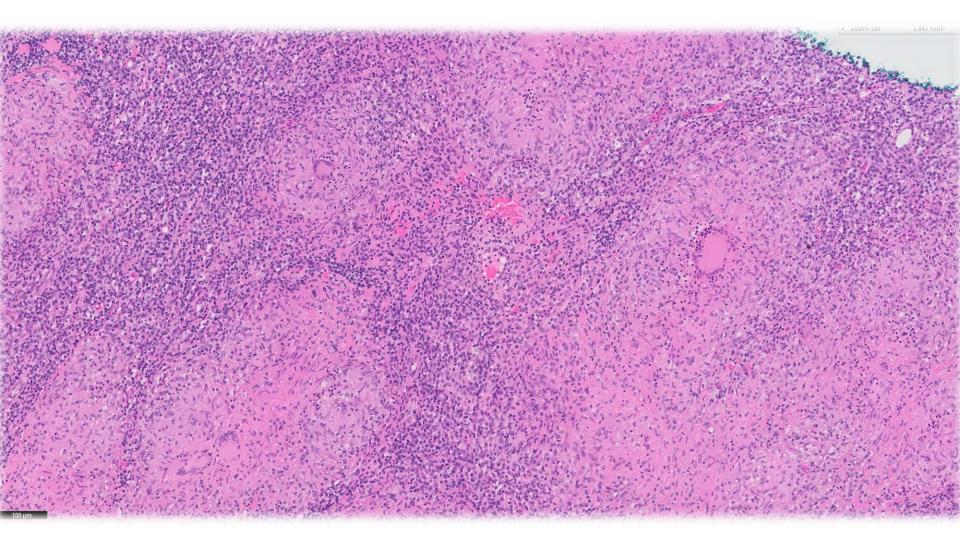


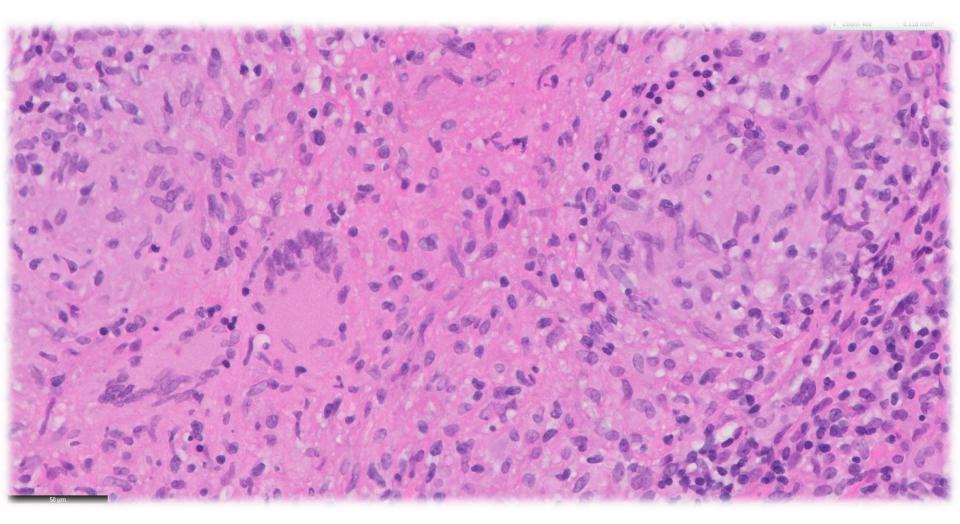


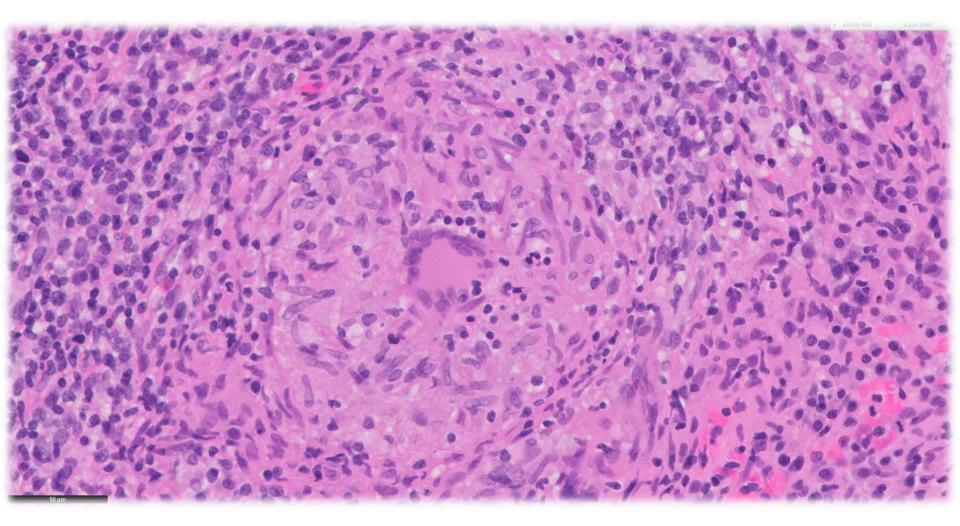
Singapore Botanic Gardens UNESCO World Heritage Site

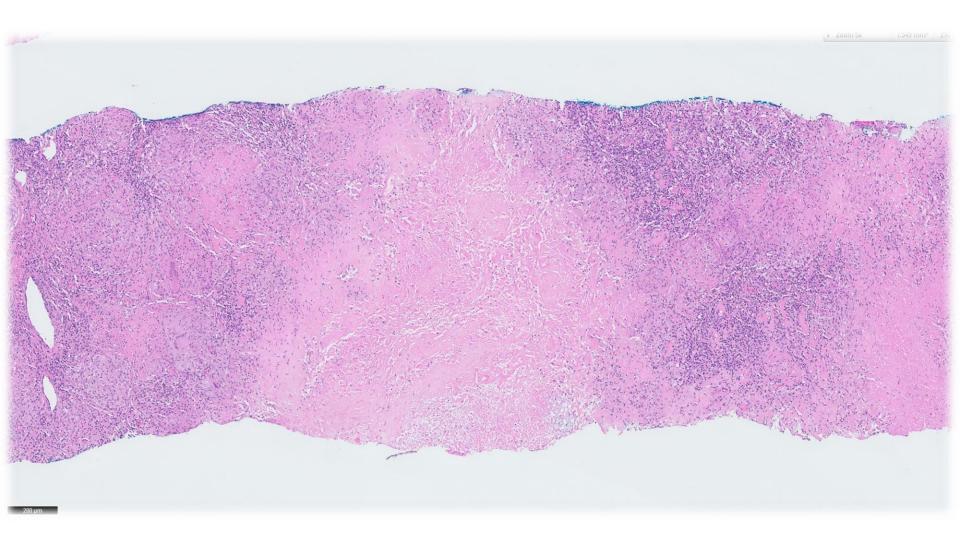


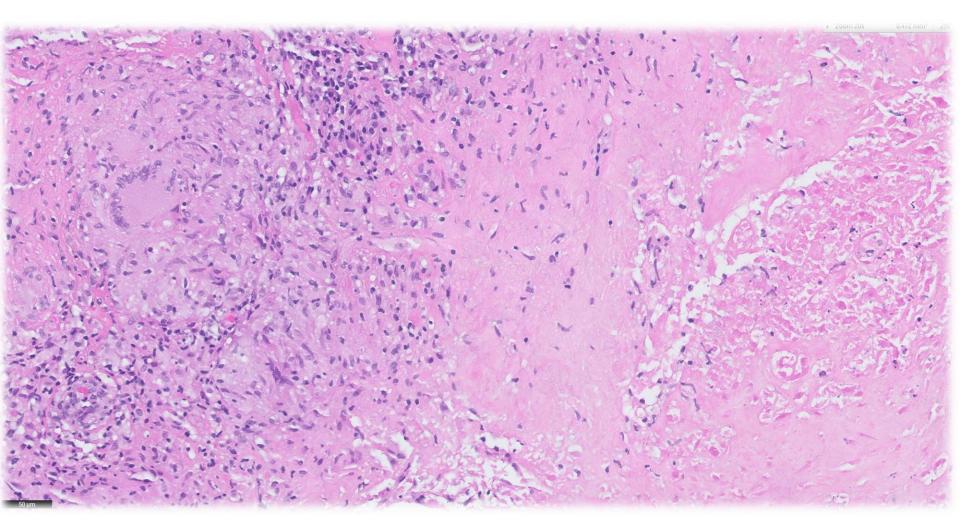


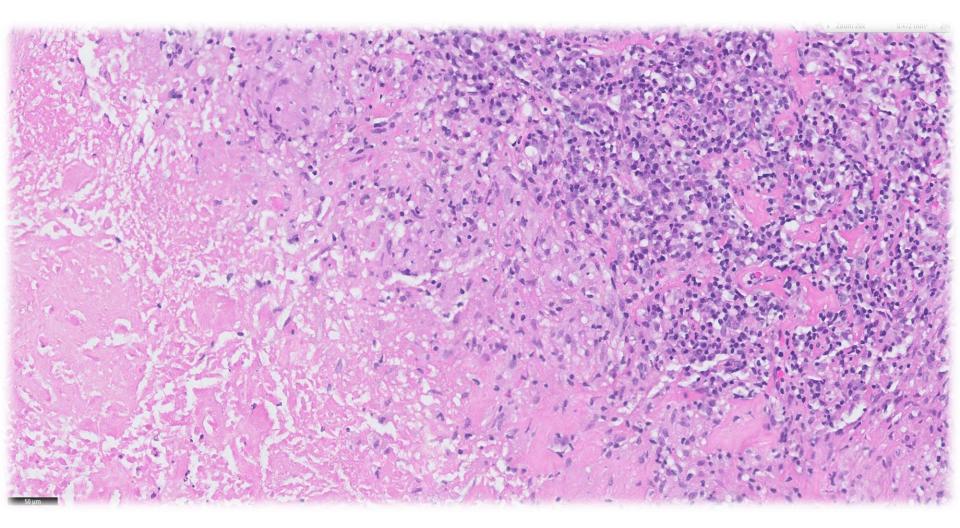












Ziehl-Neelsen

# Diagnosis

- Right breast core biopsy:
- Right axillary lymph node biopsy:
- Necrotising granulomatous inflammation consistent with tuberculosis.





# Tuberculous mastitis

- Uncommon in developed countries.
- Occurs in underdeveloped countries where it remains a serious disease.
- May be a manifestation of AIDS.
- Presents as an abscess in younger patients.
- Presents as a mass mimicking malignancy in older patients.

# Tuberculous mastitis

- Breasts are usually secondarily infected.
- Patients often have ipsilateral axillary lymphadenitis.
- Haematogenous or lymphatic spread.
- Primary focus commonly in the thorax.
- May coexist with carcinoma.
- Atypical mycobacterial infection has been described in association with breast implants ~ mycobacterium fortuitum in silicone gel implants.
- Treatment ~ anti-TB drugs after excision; occasionally mastectomy is needed for advanced disease.

