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Hydatid Cyst Of Male Breast- Presenting As A Breast Lump

Shridevi S.H[1], Shashikala P[1], Kavita G.U[1], Chandra Mohan[2]

[1]Department of Pathology, [2]Department of Surgery
S. S. Institute Of Medical Sciences And Research Centre,Davangere, Karnataka, India

Abstract

Hydatid cysts, the larval form of echinococcus granulosis can involve any viscera but are rare in the breast. We report a case of hydatid cyst of the breast in a 38 year old male who presented with lump in the left breast with no other visceral involvement. This entity should be considered in the differential diagnosis of cystic lesions especially in tropical countries.

Key words; Hydatid cyst, male breast lump.

Introduction

Parasitic infection of the breast is uncommon and if present it is usually due to larval form of filarial worm and taenia solium. Cystic hydatid disease of the breast is very rare and it is difficult to distinguish from benign breast lesions making it a diagnostic dilemma[1]. Lung and liver are the common sites. According to Barret and Thomas 60% of hydatid cysts are found in liver, 30% in lung, 2.5% in kidney, 2.5% in heart, 2% in bone, 1.5% in muscle and 0.5% in brain[2]. Breast involvement accounts only for 0.27-0.37% of the localizations[3]. The present case is reported because of its outstanding rarity of presentation in the male breast.

Case Report:

A 38 years old male presented with sole complaint of lump in the left breast noticed since few days. The lump was painless; there was no history of fever or any other constitutional symptoms. The patient refused fine needle aspiration cytology. Other radiological examination like mammography and scanning were not affordable by the patient. Systemic examination and chest x- ray were unremarkable. Examination of the left breast revealed a well-defined lump in the upper inner quadrant m/s 4x3 cm, non-tender, and soft in consistency. Overlying skin and nipple were unremarkable. There was no regional lymphadenopathy. The opposite breast was unremarkable.

The lump was excised and sent for histopathology. Specimen consisted of multiple membranous grey white soft tissue bits m/s 4x3cm. Entire tissue was processed and sections studied revealed a cyst consisting of eosinophilic laminated structure, surrounded by pericyst made up of fibrocollagenous tissue infiltrated by neutrophils, lymphocytes, eosinophils and plasma cells. (Fig 1, 2,).

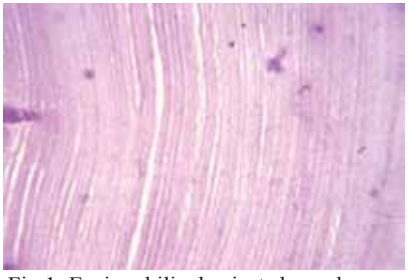

Fig 1: Eosinophilic laminated membrane. (Low Power H&E)

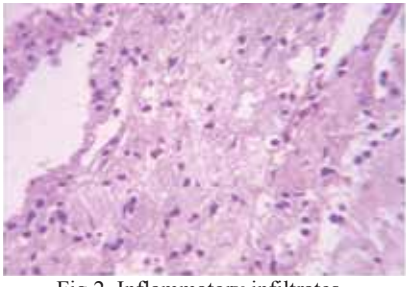

Fig 2. Inflammatory infiltrates. (High power H&E)

Address correspondence to:
Dr.Shashikala P., Professor & Head, Dept. of Pathology
S. S. Institute of Medical Sciences and Research Centre
Davangere, Karnataka, India
Email:pshashikala@gmail.com

Discussion:

Hydatid disease of the breast is a very rare condition. It is a more serious problem in endemic countries where sheep rearing is a major occupation[4]. Typically the patient presents with history of painless lump in the breast. If associated with secondary infection the lesion is clinically indistinguishable from breast abscess[2]. A slow growing mass in the breast without regional lymphadenopathy and a high index of suspicion are usually helpful in the diagnosis [5] . Clinically it may mimic fibroadenomas, cystic mastopathies, phylloides tumor, chronic abscess or even carcinomas.

FNAC of the breast which might show the diagnostic hooklets or laminated membrane may be helpful to diagnose the disease, there is always a danger of anaphylactic reaction due to fluid leakage[6, 8]. Immunologic tests such as intradermal test and indirect hemaggslutination test may be helpful[7]. The definitive diagnosis of the lesion is made by gross and microscopic examination of the lump following excision.

According to Sharma et al mammography shows a non-specific homogenous smooth circumscribed lesion .Sometimes mammography shows opacity with calcification which should be differentiated from fibroadenomas in young patients and carcinomas in older age groups. The Ultrasonography appearance of the cyst is variable depending on the age of the cyst. Early cysts may be unilocular, and older cysts are multilocular and show solid appearance made up of multiple small daughter cysts. The water lily sign is due to detachment and collapse of inner germinal layer. After the death of the parasite, hydatid sand may be seen in most dependent portion[2]. Literature shows isolated case reports of hydatid cysts of the breasts which are all from female patients.[3]

In conclusion, hydatid cysts are still an incidental discovery and the disease should be considered in the differential diagnosis of any breast swelling, especially in endemic areas like our country, since this diagnosis may easily be missed unless kept in mind. Since surgical excision with complete removal of the cyst and its contained parasites without spillage is the only satisfactory treatment of the disease, it is recommended to create awareness for prevention and prophylaxis of the disease.

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