HYDATID DISEASE OF BREAST – A CASE REPORT

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Received 26 February 2016. Revised 2 March 2016. Accepted 9 March 2016. Published online 16 March 2016.

KEYWORDS:
Cyst, Breast lump, Echinococcus, Hydatid disease,

ABSTRACT:

Hydatid cysts, the larval form of Echinococcus granulosus, can involve any viscera but are rare in the breast as rare as 0.3%. We report a case of primary hydatid cyst of the breast in a 48 year old female who presented with lump in the right breast with no other visceral involvement. This entity should be considered in the differential diagnosis of cystic lesions especially in tropical countries.

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. Lung and liver are 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. Breast involvement accounts only for 0.27-0.37% of the localizations. The present case is reported because of its outstanding rarity of presentation in the female breast.

CASE REPORT:

A 48 year old female presented to surgical OPD as a case of swelling in right breast noticed about 3 months back, which was small to start with, gradually increased in size over due period of time. Swelling was painless, there was no history of discharge per nipple, fever or any other constitutional symptoms. Patient had received erratic treatment on and off which had not helped her. On physical examination, a palpable swelling was noticed in right breast about 7x6 cm in size in lower outer quadrant with proximity to areola. The mass was non-tender on palpation and cystic in consistency, fluctuant at some points, smooth in consistency with limited mobility. Overlying skin was free and nipple areola complex was normal. There was no axillary lymphadenopathy on right side. Contralatera breast and axilla was unremarkable as was systemic examination. On evaluation, baseline investigations were within normal limits. High resolution USG right breast Figure 1 revealed a well-defined round to oval complex thick walled lesion with dimensions of 7x6x5.5 cm with a volume of 122 cc, thick internal stations/debris noted with

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perilesional inflammatory changes in adjacent breast parenchyma. No axillary lymphadenopathy was observed. Left breast and axillary scan were unremarkable as was USG abdomen. Figure 1 shows USG of Right Breast documenting cystic lesion. USG guided FNAC was done and about 60 cc of serous fluid was aspirated. Fluid analysis was not much helpful. Smear examination showed scattered and small clusters of apocrine cells and macrophages. PCR for Mycobacterium Tuberculosis was negative. Surgical excision of lesion was planned and an inframmary incision was made. Operative findings revealed a characteristic rubbery whitish cyst as that of hydatid disease (Figure 2).

**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. The embryo usually develops into a unilocular cyst. Hydatid disease of breast can be a primary site or part of a disseminated hydatidosis. 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. A slow growing mass in the secondary without regional lymphadenopathy and a high index of suspicion are usually helpful in the diagnosis. It generally affects women between 30-50 years of age. Clinically it may mimic fibroadenomas, cystic mastopathies, phyllodes tumor, chronic abscess or even carcinomas. So breast hydatid cyst should be included in differential diagnosis of breast lumps especially in endemic areas. Preoperative diagnosis can be made by FNAC where scolecis, hooklets or laminated membrane can be identified. Radiological investigations like mammography, Ultrasonography, MRI are helpful diagnostic tools. Immunologic tests such as intradermal test and indirect hemagglutination test may be helpful. The definitive diagnosis of the lesion is made by gross and microscopic examination of the lump following excision. Surgery is the most effective therapy for hydatid disease which exists in any location. In hydatid cyst of breast, total cystectomy is the treatment of choice with total removal of all parasitic elements, avoidance of spillage of contents of the cyst.

**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.

**FINANCIAL SUPPORT AND SPONSORSHIP:**

Nil.

**CONFLICTS OF INTEREST:**

There are no conflicts of interest.

**REFERENCES:**


