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TUBERCULOSIS OF THE BREAST: OUR EXPERIENCE IN 25 CASES

Ashish K. Chowdhury, Md. Rezaul Karim, P. B. Roy

BBM Hospital, University of Science & Technology Chittagong

Tuberculosis of breast is not a rare form of extra-pulmonary TB in Bangladesh.

Possibility of this disease is often ignored. Diagnosis is confused with carcinoma, pyogenic abscess of it etc. In-time diagnosis and proper treatment ensures encouraging results. Methods and material: A retrospective study of twenty-five cases of tuberculosis of breast of different presentation is done in USTC from 1996-2007. Description of cases: All cases were female of reproductive age (28-40 yrs). Unilateral involvement was in all cases. Two cases were pregnant at the time of detection of the disease. Pyogenic abscess, fibroadenoma, duct ectasia, fibroadenosis, Ca breast, non-tuberculous chronic granulomatous lesion were considered as differential diagnosis. Diagnosis was mainly based on histological picture. AFB was detected in 2 cases. Histologically same-sided axillary lymph nodes involvement was noted in 4 cases and pulmonary lesion was detected in 4 cases. In impregnate group 4 drugs combination consisting of Rifampicin, Isoniazid, Ethambutol and Pyrazinamide for two months and two drugs combination consisting of Rifampicin and Isoniazid for next 4 months was applied. In pregnant ladies Pyrazinamide was excluded from the regime. Pyridoxine was given in all patients. Pregnancy was allowed to continue in pregnant cases and it was discouraged in other patients in active stage of the disease. Both pregnant ladies delivered healthy children. In 2 cases surgical intervention: lumpectomy and repeated aspiration of pus was done. Results of treatment were considered good. Follow-up at intervals up to 3 yrs. is done in 15 cases. No recurrence is noted. Discussion: To detect TB breast a high index of suspicion and proper investigation is necessary. Histopathology is still considered the main tool for its diagnosis. AFB is not detected in every case. It is often difficult to differentiate it from non-tuberculous chronic granulomatous lesion. Anti-TB therapeutic trial in some cases is of great help. Conclusion: Diagnosis of TB breast is not always an easy job. Medical treatment is curative in most of the cases and surgical treatment is necessary in rare instances. Pregnant cases need especial care and management.