TOXOPLASMOsis PRESENTING AS A SWELLING IN THE AXILLARY TAIL OF THE BREAST

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Over recent years cases of acquired toxoplasmosis have been recognised with increasing frequency. Serological studies suggest that between 25 and 50% of the population are infected with toxoplasma gondii at some time in their lives, but the infection is usually latent. Overt cases usually present as a lymphadenopathy with or without pyrexia, and this paper reports two cases of lymphadenopathy without pyrexia due to toxoplasma in which the lymph gland enlargement was so close to the axillary tail of the breast as to appear as a breast swelling.

Case No. 1. An unmarried woman, aged 20, first attended at a Surgical Out-Patient Clinic in July, 1962 complaining of two swellings in the lateral aspect of the right breast, present for two weeks. She was otherwise symptom-free. Examination revealed two small, hard, non-tender swellings just lateral to the right breast. Her post-auricular lymph nodes were slightly enlarged and small nodes were palpable in the left carotid region and in the left axilla. The swellings near the breast were removed for histology.

Investigations. Chest X-ray normal. Hb. 100%, WBC 4,800, 53% polys., 41% lymphs., 6% monos. No atypical monocytes seen. E.S.R. (Westergren) 5 mm./hr.

Histology. (Dr. W. Goldie) showed the biopsy specimens to be lymph nodes. The lymphoid follicles were hyperplastic with large Fleming centres and there was marked hyperplasia of the reticulum cells of the sinuses. The histological appearances were suggestive of toxoplasmosis.
Complement Fixation Test. 27.8.62, Positive 1:32. 25.9.62, Positive 1:64.
Progress. The patient remained symptom-free; the lymph nodes gradually decreased in size but were still palpable nine months later.

Case No. 2. A housewife of 58 years attended a Surgical Out-patient Clinic in March, 1962, complaining of a hard nodule about the size of a pea low down in the right axilla. This had been present for a few weeks.

On examination, the swelling was found to lie low down on the medical wall of the right axilla, and was thought to be a lymph gland separate from breast tissue. Several other enlarged lymph glands were palpable high in the right axilla and also in the left axilla and the inguinal regions. There were no other abnormalities on examination, and the patient felt in good health. The swelling near the breast was removed for histology.

Histology. (Dr. G. M. Bonser). The biopsy specimen showed a lymph node 1 cm. in diameter which contained dense white infiltration. Histology showed a hyperplastic node, excessive tissue being due to proliferation of the reticuloendothelial cells in the sinuses. Between the reticulum cells were many crescentic bodies suggestive of toxoplasma.

Serology. Toxoplasma dye test positive at a dilution of 1 in 8192. Toxoplasma complement fixation test positive at a dilution of 1 in 4.

Progress. The patient was treated with oral sulphonamides for three months. She remained in good health, and her lymph glands gradually diminished in size.

Discussion
In toxoplasmosis the lymph glands most commonly involved are those of the neck, axillae and inguinal regions, and less frequently the occipital, auricular, tonsillar, hilar and chest wall glands (Beverley and Beattie, 1958). In only two of the 30 cases of glandular toxoplasmosis described by Beverley and Beattie was there any notable enlargement of lymph glands on the chest wall, but in the light of the two cases described toxoplasmosis will have to be considered in the differential diagnosis of swellings near the axillary tail of the breast.

Both the histological features of biopsy specimens and the serological tests are important in the diagnosis of toxoplasmosis, and it was not until the histological reports were received in these two cases that a diagnosis of toxoplasmosis could be made. The histology has been well described by both Saxen and Saxen (1959) and Stansfeld (1961), who point out that the histological features can sometimes be confused with other disorders, particularly sarcoidosis, very early tuberculosis and the more benign forms of Hodgkin's Disease, all of which may present clinically in a manner similar to toxoplasmosis.

The serological tests must be interpreted with some care in view of the fact that positive tests at low titres are common, presumably due to latent infection earlier in life. A titre of 1 in 256 may be expected in only about 1% of adults, and the rising titre demonstrated in Case 1 and the very high titre in Case 2 are extremely suggestive of toxoplasmosis.

It is doubtful if sulphonamide therapy influenced the course of Case 2, and it was decided not to treat Case 1 as there seems no indication to treat cases that are not giving rise to symptoms of ill-health.

Summary
Two cases of acquired toxoplasmosis are described which were of especial interest since the initial presentation was as a swelling in the axillary tail of the breast.

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REFERENCES
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