Breast mycobacterial infection in a haemodialysis patient

D. MODAI
M.D.

R. REIFF
M.D.

D. GABIZON
M.D.

J. WEISSGARTEN
M.D.

B. SIEGAL
M.D.

Departments of Medicine A, Nephrology, Pathology and Surgery, Assaf Harofeh Hospital, Zerifin, 70350, Israel

Summary

Mycobacterial infection is relatively common among patients maintained on haemodialysis and may present in uncommon locations and acquire an unusual course. We present a patient in whom a breast mass was found to be caused by primary mycobacterial infection. This is to our knowledge the first report on breast mycobacterial infection in a haemodialysis patient.

KEY WORD: polycystic renal disease.

Introduction

Mycobacterial infections, notably tuberculosis are unusually prevalent among haemodialysis patients. The clinical picture may be bizarre and therefore present difficulty in diagnosis. The majority of dialysis patients infected by mycobacteria are ill. We present a haemodialysis patient with an unusual location and presentation of mycobacterial infection.

Case report

A 54-year-old female was known for many years to have polycystic kidneys. End stage renal failure supervened in 1972 and since then she had been on maintenance haemodialysis. The patient had suffered for many years from chronic recurrent bronchitis; repeated sputum cultures for specific organisms such as mycobacteria and various fungi were always negative. Pulmonary function tests indicated moderate obstructive lung disease.

In 1982, she noted a lump in her left breast. On examination a round firm non-tender mass, 3 × 3 cm, was palpable in the upper lateral quadrant of the left breast; no axillary lymph nodes were noted. No anorexia, fatigue, fever, night sweats, abdominal pain, hepatosplenomegaly, or lymphadenopathy were present. A clinical diagnosis of breast tumour was made and considering her general condition lumpectomy was performed under local anaesthesia.

Histological examination revealed caseating granulomata with more than ten/field acid fast bacilli. Culture was not performed. A thorough clinical, bacteriological and radiological investigation revealed no sign of tuberculosis elsewhere in the body. Twelve months after surgery she remains well with no evidence of recurrence.

Discussion

Although previously not uncommon (Haagensen and Sypiy, 1949), mycobacterial infection of the breast has become a rare entity with the development of anti-tuberculous drugs (Overbeck and Bethge, 1963). In recent years, no new reports on the subject have been published in the English literature.

In a number of recent reports and reviews (Rutsky and Rostand, 1980; Lundin et al., 1979) the relatively high prevalence of mycobacterial infections among haemodialysis patients has been emphasized. This is probably related to the immunological impairment associated with the uraemic state. The location and distribution of mycobacterial infections among these patients is unusual in many cases. Extrapulmonary location is common, including bone (Rutsky and Rostand, 1980; Lundin et al., 1979), liver (Lundin et al., 1979, Andrew et al., 1980), lymph nodes (Rutsky and Rostand, 1980; Lundin et al., 1979), peritoneum (Rutsky and Rostand, 1980; Lundin et al., 1979), mediastinum (Andrew et al., 1980) meninges
(Andrew et al., 1980) as well as miliary spread (Rutsky and Rostand, 1980). In addition, the clinical picture may be atypical in many respects, so that diagnosis and treatment may be delayed. In many cases, the patients are severely ill, febrile, and deteriorate rapidly despite adequate treatment. A relatively high proportion of these infections is caused by mycobacteria other than tuberculosis (Rutsky and Rostand, 1980). Mycobacterial infection of the breast has not yet to our knowledge been reported in a haemodialysis patient. The specific organism involved was not established. The absence of severe systemic symptoms and general deterioration in a haemodialysis patient does not necessarily preclude tuberculosis.

References


(Accepted 10 March 1983)
Breast mycobacterial infection in a haemodialysis patient.

D. Modai, J. Weissgarten, R. Reiff, B. Siegal and D. Gabizon

Postgrad Med J 1984 60: 164-165
doi: 10.1136/pgmj.60.700.164