

## Mammary Tuberculosis with Contralateral Axillary Node Lesion

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### Abstract

Tuberculosis affecting a lymph node within the breast was reported from this center previously. Therefore, the present paper documents the odd combination of tuberculosis in the breast as well as in a contralateral axillary node.

**Keywords:** Breast; Contralateral Axillary Node; Tuberculosis; Igbo Ethnic Group

### Introduction

From this center, a woman of the Ketaf Ethnic Group was reported because of tuberculosis of intramammary lymph node [1]. This odd presentation has become a local forerunner. Thus, the combination of tuberculosis in both the breast itself and the contralateral axillary node was seen in a woman of the Igbo Ethnic Group [2].

### Case Report

AM, a 26-year-old woman of the Igbo Ethnic Group attended the Surgical Out Patient under the surgeon (TN) and was clerked by his assistant (COOC). She complained of left breast lump of a month's duration as well as right sided axillary lump of two weeks' duration. Both sites were biopsied and sent to the senior author (WIBO).

The breast lesion was a 7 x 4 x 3 cm fibrofatty mass while the other was fragmented. On microscopy, both were the seats of classical granulomas with central caseation and peripheral Langhans giant cells and epithelioid cells. Tuberculosis was diagnosed.

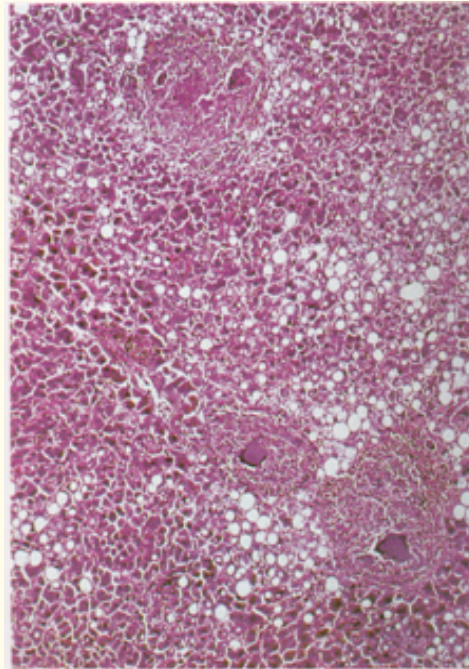
### Discussion

Their experience of a 50-year-old North African woman living in UK made a group [3] to suggest "the possibility that the nodular type of tuberculous mastitis arises in intramammary lymph nodes." This is falsified by our local experience in that some lymphoid remnants would have been discerned had they been there.

In an Indian review of 52 cases, the age range was 15 to 58 years with a mean of 34 years [4]. Therefore, our patient's age of 26 years is notable.

German authors, on considering the influx of immigrants, counseled the need to exclude coinfection with the HIV [5]. This was echoed in France [6]. This was not anticipated in our locality.

Topographically, it would have been easy to conjecture lymphatic spread, if the node on the same side had been involved. Likewise, had the blood stream been involved, the miliary pattern would have been observed as was depicted in a Color Atlas [7] (Figure 1).



**Figure 1:** Miliary tuberculosis in a lymph node.

Incidentally, a global picture came from cases reported from South Africa [8], and Greece [9]. Moreover, the Indian sub-continent yielded several sources [10-13]. Indeed, from it, Chauhan and colleague [14] hypothesized that “Only few cases have been reported from the Indian subcontinent in spite of the high prevalence of tuberculosis in this region”.

### Conclusion

This case illustrates the combination of breast tuberculosis with contralateral axillary lymph node involvement. It is on record that lymph flow may cross the sternum from the mammary site by way of the “internal mammary chain, which lies at the anterior ends of the intercostal spaces” [15]. This occurs in breast cancer to the tune of 22% according to Donegan [16]. Perhaps, the nodes in this near area were so physiologically skipped that axillary landing occurred!

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