Filiartic Breast Lump: A Case Report

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1. Introduction

Lymphatic filariasis affects an estimated 120 million people in more than 70 countries and India has the largest number of infected persons comprising of more than 40% of the global endemic population. [1] Filariasis continues to be a challenging health issue in India and its endemic in various states and along coastal regions. They are mostly caused by *Wuchereria bancrofti* and *Brugia malayi* two nematodes who are transmitted by culex mosquitoes. Lymphatic channels are the main site of filariasis chiefly affecting limbs and genitalia [2]. Extra nodal organ involvement is an unusual site of presentation.

We present a case of 36 - year - old female who presented to our OPD with history of painless progressive, accidentally noticed right breast lump of 06 months duration. She offered no other positive history. Locally – she had 5x3 cm firm breast lump in outer lower quadrant, lump was non tender and had restricted mobility. Nipple areola complex was normal. Examination of axilla was normal.

She underwent USG breast at our hospital. USG breast revealed multiple small heterogenous cystic lesion noted at 07 o'clock to 9 o'clock position with multiple echogenic dancing debris within suggestive of filarial dance sign, largest such lesion measured 43x64 mm. [3]

She was revaluated with her imaging report. She was a native of Bihar and offered no history suggestive of filariasis. Her blood investigation report was normal except her absolute eosinophil count was thrice the normal range. Her chest Xray report were also found to be normal.

She underwent FNAC at our centre however reports showed only glandular elements.

She was started on oral Diethylcarbamazine (DEC) and regularly followed up in the OPD. She tolerated her medication well and by end of six weeks showed rapid progressive resolution of lump with normalisation of absolute eosinophil count. DEC was continued for 12 weeks and later stopped. Follow up imaging of the breast was found to be normal.

2. Discussion

Breast lump are common in surgical out patient department and are mostly evaluated by triple assessment which includes clinical examination, imaging and biopsy. Imaging forms one of the pillars of evaluation. In the younger patient mammogram as a tool for imaging are utilised as the denser breast precludes optimal imaging [4]. In our patient sono mammogram was performed as digital Xray mammogram was not available.

Breast USG can demonstrate continuous movement pattern which are called as filarial dance. They can later calcify which are elongated, non - pleomorphic and appear differently from ductal carcinoma calcification pattern. [5]

Filariasis as a cause for breast lump is uncommon and often is a diagnostic dilemma. They can have varied presentation mostly presenting in upper outer quadrant as subcutaneous nodule which may be associated by erythema. The larvae could migrate to breast lymphatics and can lead to inflammation, progressive obstruction associated with fibrotic change. They could mimic carcinoma when they are associated with subcutaneous Edema and present as hard lump. [6]

More than 500 million Indians reside in endemic zone, however breast filariasis remains elusive in clinical practice. In our case it was a deep lump not associated with any other signs of inflammation. Imaging for filariasis was quite conclusive however repeated tissue sampling remained non conclusive.

We present this case report as an unusual case of filariasis presenting as breast lump which was managed conservatively. This again retreats the fact that endemicity as in history taking forms an important aspect and should always be considered during management of a case.

References

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