

Rare Case of Hydatid Cyst of Breast

Devesha Rathour¹, Aborishi Garg²

¹Resident, Department of General Surgery, IGMC, Shimla, HP, India
devesha.rathour1228[at]gmail.com

²Resident, Department of Radiodiagnosis, IGMC, Shimla, HP, India
avvvogarg[at]gmail.com

Abstract: *Hydatid cyst of breast is a rare clinical entity. It is found in only 0.2% of cases. Here we present case of a 40 year female with a painless, well-defined lump in her left breast which was excised and confirmed clinically as hydatid cyst of breast.*

Keywords: Hydatid cyst of breast, rare case

1. Introduction

Hydatid cyst is a parasitic disease caused by the development in the body of the larval form of a tapeworm called echinococcus granulosus. Breast is considered rare site of infection. Patients usually present to the hospital with a palpable, painless lump in the breast. Being difficult to differentiate it from other tumour lesions of the breast. Only a few cases are published in the literature and the majority of reported cases were diagnosed postoperatively.

2. Case Report

40 year female presented with complaint of lump in left breast since 3 years which was progressively increasing in size since 3 years. There was no history of fever, trauma, nipple discharge, any redness of skin. On examination, there was a lump of size 6 x5 cms in left upper inner and outer quadrant of breast, globular in shape, well defined margins and normal overlying skin. The lump was mobile, non tender, firm in consistency. No discharge present from nipple. Right breast was normal in appearance. Bilateral maxillae were normal on examination.

Patient was advised radiological investigations. On sonomammography, in craniocaudal view, there was a well defined high density lesion of size 6.2X5.8 cm seen

in retroareolar region. Nipple areola complex appear grossly normal. No overlying skin thickness, calcification, architectural distortion or other mass lesions. Similar findings on mediolateral view. No lymphadenopathy seen in axilla. This lesion is seen involving all the quadrants of breast. On sonography, the high density lesion seen on mammography is seen as well-defined cystic lesion in retroareolar region. No internal calcification is seen. Differential diagnosis of simple breast cyst and hydatid Cyst of breast were kept.

Patient underwent ultrasound of abdomen which revealed heterogenous hypoechoic lesion with undulating membrane within it seen in segment VIII of right lobe of liver. Possibility of hydatid cyst of liver was kept. On CECT abdomen, there was a well defined round hypodense lesion of size 6.2x6.8x5.3 cms in the segment VIII of liver reaching up to sub diaphragmatic surface with fine setae in it. Possibility of type V (Gharbi) cyst was kept. On serological tests the value of IgG antibodies for echinococcus was 9.07.

Patient underwent excision of cyst in left breast and was planned for surgical management of liver hydatid later on. She was started on chemotherapy for Hydatid cyst liver. Post operative period was uneventful. Patient was discharged with advice for follow up.

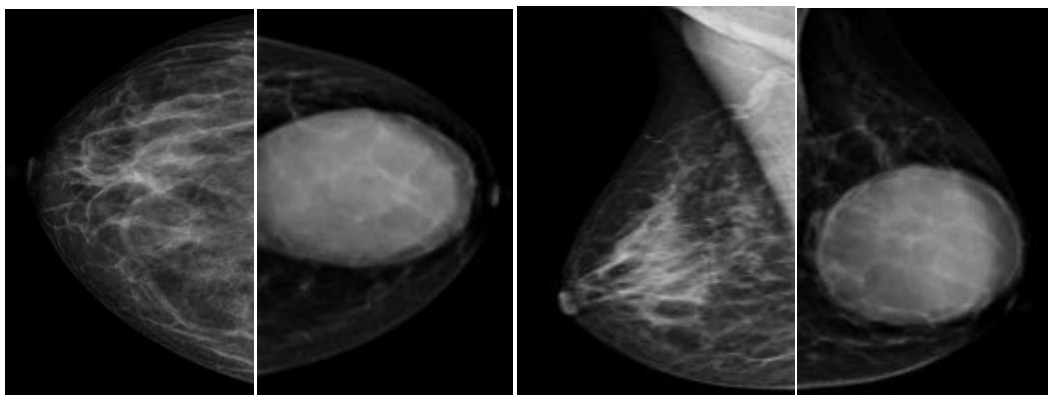


Figure 1: Well defined oval shaped high density lesion in the left breast

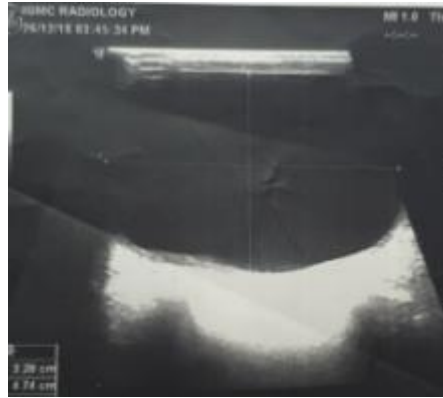


Figure 2: On USG of the lesion, it is cystic in nature with internal echoes in its dependent portion

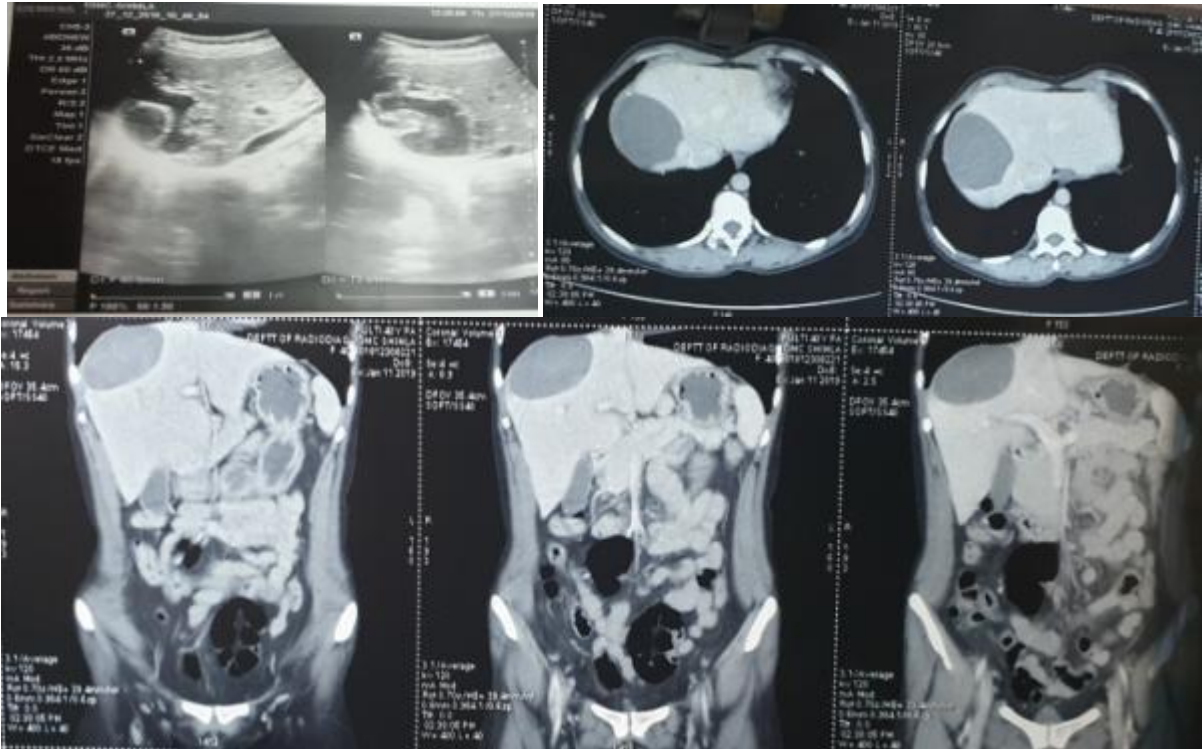


Figure 3: On USG of the liver, there is presence of heteroechoic lesion in the segment VIII of the liver with internal membrane. On CECT Abdomen, There was hypo dense lesion in segment VIII of the liver with internal septae in it

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REFERRING DOCTOR : SELF	CLIENT PATIENT ID :	
Test Report Status Final	Results	Biological Reference Interval Units
EIA - INFECTIOUS SECTION		
ECHINOCOCCUS IGG, SERUM		
ECHINOCOCCUS IGG	9.07	High Negative < 0.9 Equivocal 0.9 - 1.1 Positive > 1.1
METHOD : ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA)		
Interpretation(s) ECHINOCOCCUS IGG, SERUM- ECHINOCOCCUS IGG, SERUM		

Figure 4: Raised serum IGG for echinococcus



Figure 5: The excised cyst

3. Discussion

Hydatid cyst is a parasitic investigation caused by larva of *Echinococcus granulosus* [1]. It is most commonly seen in the liver followed by the lungs. Rare sites are the kidneys, heart, pericardium, pancreas, bone, spleen, and brain [2]. It has also been reported in Orbit, Bladder, Chest wall, subcutaneous tissue, Tibia, Parotid, Thyroid, Pancreas. Incidence of hydatid cyst in breast is rare [3]. It may present in 35- 50 years age group female population as painless well-defined lump without axillary lymphadenopathy.

It should be considered in differential diagnosis of any breast lump in endemic regions [4]. Sonomammography, in is a good tool to diagnose hydatid cyst in expert hands [5].

4. Conclusion

Hydatid cyst of breast is an uncommon clinical presentation of the disease and should be considered in differential diagnosis of breast lump in endemic regions. Sonomammography, in is a good tool to diagnose hydatid cyst preoperatively in expert hands. Albendazole should be given to prevent recurrence.