Isolated mammary cysticercosis

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DESCRIPTION

A 35-year-old woman presented to the surgical outpatient clinic with a 6-month history of a lump in the right breast. There was no history of breast pain, cyclical lumpiness, axillary lump or nipple discharge. There was no medical history, family history or social history of significance. On examination, the patient had a 2×2 cm firm, non-tender, mobile lump in the upper and outer quadrant of the right breast, with normal overlying skin. Nipple areola complex and axillary examination were normal. Opposite breast, axilla and supraclavicular examination was normal. A mammogram (figure 1) and ultrasonography (figure 2) of the right breast were performed to delineate the underlying characteristics of the lump. The findings were suggestive of cysticercosis of the breast and the patient was treated with albendazole 400 mg twice daily for 15 days. She responded favourably, with the lump decreasing to 1×1 cm. Chest X-ray, ultrasonography of the abdomen and non-contrast CT of the head were carried out to exclude cysticercosis in those areas. All the above investigations were normal. Fine-needle aspiration cytology (FNAC) was inconclusive. Cysticercosis of the breast may mimic a fibroadenoma,¹ or a breast malignancy.²

Learning points

- ▶ India is an endemic zone for cysticercosis, and mammary cysticercosis can present in young women with a breast lump.
- ▶ Although operator dependent, ultrasonography can be useful for the diagnosis of mammary cysticercosis.
- ▶ Conservative medical management can initially be given for small and or asymptomatic lesions.

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Competing interests None declared.

Patient consent Obtained.

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Figure 1 Mammogram of right breast with craniocaudal (A) and mediolateral oblique (B) views and arrow (B) showing radiopaque area surrounded by radiolucent area in upper and outer quadrant.

Figure 2 (A and B) Ultrasonography of right breast with arrow showing a cystic lesion with tongue-shaped projection with calcification inside it.

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