CASE REPORT

Idiopathic bilateral male breast abscess

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SUMMARY

A 38-year-old man presented with bilateral breast swelling, along with pain and redness for 7 days. Bilateral axillary nodes were also palpable; which were multiple and discrete. A provisional diagnosis of bilateral breast abscess was made with suspicion of underlying malignancy. Incision and drainage through subareolar incision was performed and the adjoining tissue was excised and sent for histopathological examination.

tests, etc were within normal limits, except for leucocytosis. Chest X-ray and sputum examination was negative for tuberculosis. Needle aspiration of swelling yielded purulent material which was sent for Gram staining, culture and sensitivity, staining for acid-fast bacilli and cytology. Cytology of aspirate revealed necrotic materials only; culture was sterile and stains for acid-fast bacilli were negative. Tissue from margins sent for histopathology ruled out any evidence of malignancy or tuberculosis.

BACKGROUND

Breast abscess in men is rare. There have been isolated reports of breast abscesses in patients with HIV infection, patients with diabetes and bedridden patients.¹ Abscess can rarely develop due to tubercular affliction. Only few cases have been reported in otherwise normal individuals.^{2,3} Even rare is the bilateral involvement of breasts in men. We report one such case of bilateral male breast abscess. To the best of our knowledge, this is the first case report of a bilateral breast abscess in an apparently normal man.

CASE PRESENTATION

A 38-year-old male priest presented with bilateral breast swelling along with pain and redness for 7 days. He also had fever with chills for 6 days. The symptoms developed suddenly, with the left breast having the problems first and within 24 h the right one also getting involved. At the time of presentation, swellings of size 15 cm×12 cm in the left breast and 4 cm×4 cm on the right side were noticed (figure 1). The swellings were fluctuant and tender on palpation. Bilateral axillary nodes were also palpable, which were multiple and discrete.

INVESTIGATIONS

Routine examination of blood, including random blood sugar, liver function tests, kidney function

DIFFERENTIAL DIAGNOSIS

Male breast cancer is rare, but when present, it is usually in an advanced stage. Inflammatory breast cancer may mimic benign lesions.⁴ Hence its presence should also be ruled out.

TREATMENT

Incision and drainage through subareolar incision (figure 2) was performed and the adjoining tissue was excised and sent for histopathological examination. Broad spectrum antibiotics and analgesics were started and regular dressings were carried out. Wound healing occurred uneventfully.

OUTCOME AND FOLLOW-UP

The patient had uneventful recovery and required no follow-up.

DISCUSSION

An abscess in female breast occurs mostly during lactation and at the time of weaning. In such conditions retrograde infection leads to abscess

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Figure 1 Picture depicting bilateral breast abscess.

Figure 2 Healed breast abscess with circumareolar incision.

formation.⁵ In men the breast has a poorly developed lobulo-ductular system and it generates minimal secretions which get reabsorbed. Hence, the chance of infection remains remote. Gynaecomastia is the most common disorder and abscess constitutes only about 1–3% of the breast disorders seen in men.^{6–7} Diabetes is strongly associated with development of breast abscess. Verghese BG *et al* have claimed in their study that breast abscess may be an early indicator for diabetes mellitus in non-lactating women.⁸ Male breast abscess is documented in individuals with HIV infection,^{1–9} duct ectasia² and following enteric fever (as extraintestinal complication of *Salmonella* infection).⁵ The other rare causes include tuberculosis of breast^{10–11} and chest wall,¹² brucellosis,¹³ squamous cell carcinoma and,¹⁴ belladonna application as a topical agent.¹⁵ The last one is a common ritual practiced by *Sadhus* (ascetics/priests) of India, of applying *bhasm* (ash mixed with various other substances including *Atropa*) to various parts of their body, which could be a probable cause in this case. In the early stages, broad spectrum antibiotics with Gram positive coverage may help but once abscess forms, formal incision and drainage over the most fluctuant part with or without counter drain at posture dependent part has to be carried out.

Learning points

- ▶ Bilateral male breast abscess is a rare disease.
- ▶ Inflammatory breast cancer should always be kept in mind.
- ▶ Treatment includes formal incision and drainage at the most fluctuant point.

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Competing interests None.

Patient consent Obtained.

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