

Idiopathic Subareolar Breast Abscess in a Male Patient

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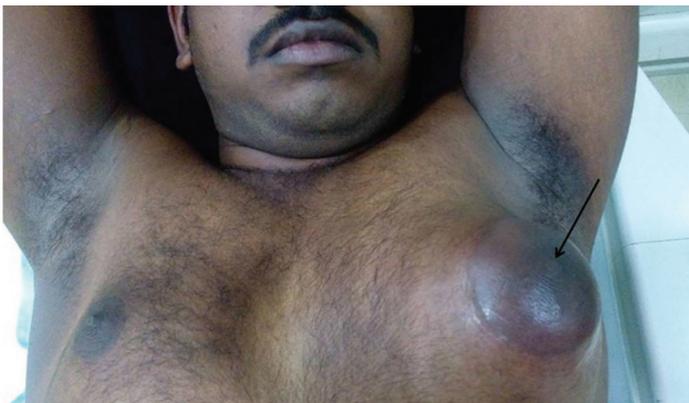
ABSTRACT

We present a case of left breast abscess in a young male patient who presented with acute onset swelling left breast. Imaging studies helped in accurate diagnosis and the case was managed by subareolar incision and drainage. Subareolar breast abscess is an uncommon entity in male and should be kept as a differential diagnosis for male breast swellings.

Keywords: Axillary lymphnodes, Breast swelling, Pectoralis muscles

IMAGES IN MEDICINE

A 27-year-old male patient presented to surgical outpatient department with history of painful left breast swelling for the past seven days which was progressively increasing in size. Patient also complained of associated fever on and off since the onset of swelling. There was no nipple discharge. There was no past history of similar complaints or any other relevant medical history. On examination the swelling was tense, painful and the areola around the swelling was stretched and reddish [Table/Fig-1]. Multiple enlarged left axillary lymphnodes were also noted. Clinically, breast abscess was suspected considering the presenting symptoms and clinical signs. Hence to confirm the clinical diagnosis, patient was referred for ultrasound examination. Ultrasound showed a well defined thick walled collection measuring 10 x 8 cm in subareolar location of left breast suggestive of abscess [Table/Fig-2A]. Computed tomography (CT) done to assess the extent of abscess, showed retroareolar location of the abscess and the pectoralis muscles were normal [Table/Fig-2B]. Diagnostic aspiration confirmed the



[Table/Fig-1]: Clinical photograph of the patient showing tense swelling in left breast with areola over it stretched and reddish (black arrow)



[Table/Fig-2]: (A) Ultrasound image showing well defined thick walled collection in left breast suggestive of abscess (black arrow); (B) CT scan image showing abscess within left breast with normal pectoralis muscle (white arrow)

diagnosis of breast abscess. No evidence of malignant cells was noted in cytology. Culture showed growth of *staphylococcus aureus*. Incision and drainage of the abscess was done through subareolar incision which drained about 800ml of pus. Patient showed marked symptomatic improvement.

Male breast is also susceptible to most of the pathological conditions encountered in female breast [1]. Gynecomastia is the most common male breast abnormality [1]. Other non-neoplastic benign entities affecting male breast include sebaceous cyst, intramammary lymphnode, hematoma, fat necrosis, subareolar abscess, breast augmentation, secondary syphilis and nodular fasciitis [1]. Subareolar abscess in a male patient is very rare [2,3] and in this case we could not find out any predisposing cause, hence idiopathic. Imaging plays a major role in accurate diagnosis of these conditions, thereby avoiding invasive treatment [1].

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