



CASE STUDY

A RARE PRESENTATION OF SUBAREOLAR BREAST ABSCESS IN MALE

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ABSTRACT

Subareolar breast abscess is rare in male which may clinicoradiologically mimic gynecomastia and diabetes mellitus is an associated risk factor. It may sometimes present with episode of nipple discharge. Cytology is a quick mode of diagnosis for further management in such cases.

INTRODUCTION

Gynecomastia is the most common cause of benign breast mass in male (Das *et al.*, 1995). Subareolar breast abscess is a distinct clinicopathological condition in female breast, very rarely being reported in males too. Various risk factors implicated in development of breast abscess include diabetes mellitus, rheumatoid arthritis, steroid treatment, trauma, immunosuppression (Dixon, 2007). We present a rare case of subareolar breast abscess in male patient with a specific etiology.

Case report

A 50-year-old male, presented with left breast swelling for 20 days and associated occasional episode of nipple discharge. Local examination revealed firm, non-tender swelling in the subareolar region of left breast measuring 1.5x1 cm (Fig 1a). Overlying skin appeared to be normal. There were occasional episodes of yellowish nipple discharge; however, no history of trauma or fever was present. The patient was a known case of coronary artery disease, diabetes mellitus and hypertension. Mammogram of left breast showed features of Nodular Gynecomastia (Fig 1b). Fine needle aspiration cytology was performed, yielded pus like aspirate and smears made were stained with Giemsa, Papanicolaou and Ziehl-Neelsen stain. On microscopic examination, smears consisted of dense acute

inflammatory exudate, numerous anucleated squames, occasional mature squamous cells and multinucleated histiocytic giant cells in a necrotic background (Fig 1 c-d). However, ductal epithelial cells were not seen. Imprint smears prepared from nipple discharge showed similar findings. Ziehl-Neelsen stain for acid fast bacilli was negative. On FNAC, diagnosis of subareolar breast abscess was made and patient was treated with incision & drainage and antibiotics. Subareolar breast abscess is a rare condition affecting the male breast.

DISCUSSION

Other non-neoplastic benign entities affecting male breast include sebaceous cyst, intramammary lymph nodes, hematoma, fat necrosis (Dixon, 2007). Majority of cases are idiopathic. The pathogenesis is believed to be either a component of squamous metaplasia of either normally occurring columnar epithelium of the major lactiferous ducts or congenital anomalies of the ductal system. This ultimately progresses to abscess formation following rupture of the duct into the surrounding breast tissue (Nguyen *et al.*, 2013). The diagnostic cytologic features of this lesion are the presence of anucleated squames associated with usually acute inflammatory cells. Mammary duct ectasia or periductal mastitis, often associated with nipple discharge and periductal inflammation but unlike subareolar abscess, it lacks the extensive squamous metaplasia (Sinha, 2014). Cytomorphologically, presence of numerous anucleated squames rules out the possibility of mastitis (Sinha *et al.*, 2014). The cytological features of

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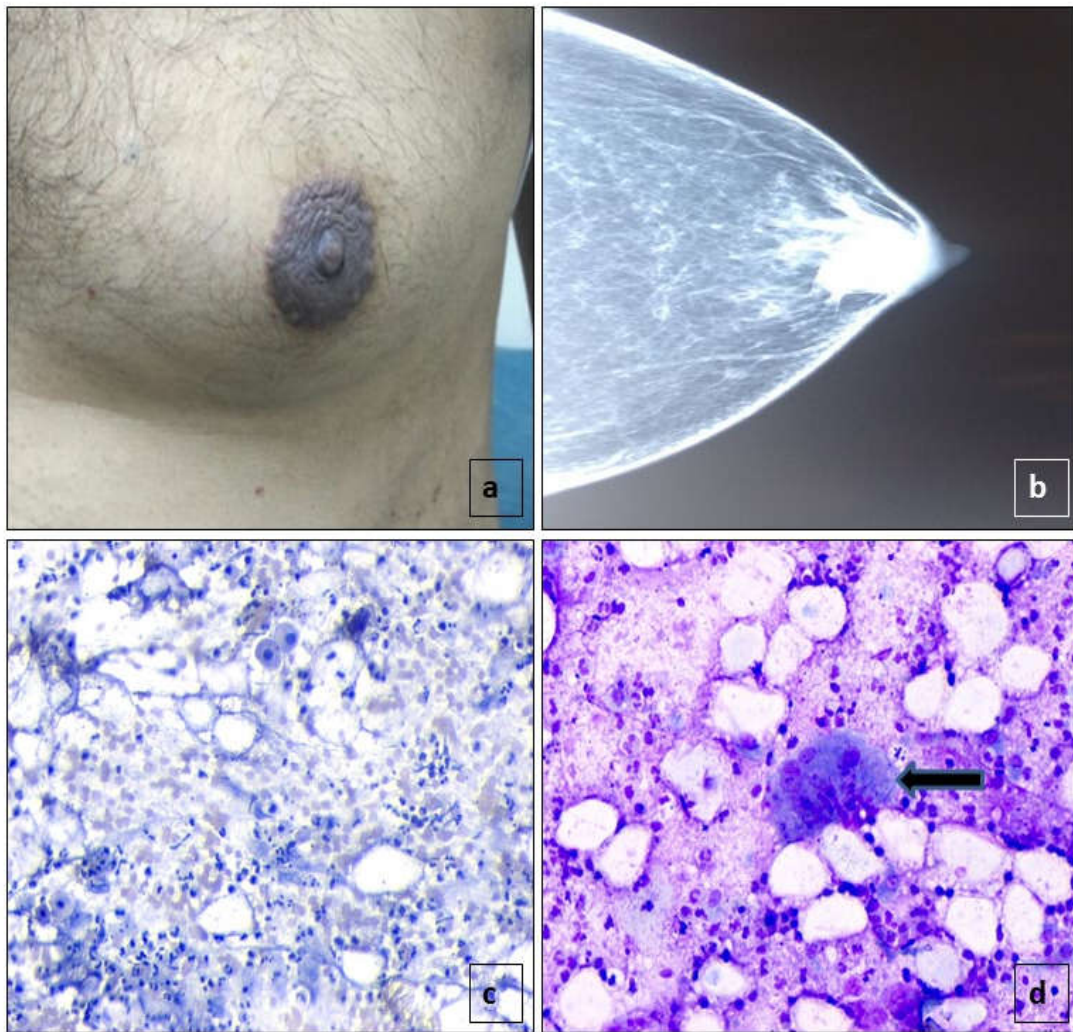


Figure 1. a: Sub-areolar swelling in left breast (overlying skin appears normal). **b:** Mammography (MLO view) left breast showing well demarcated subareolar density extending into posterior fat layer in a fan shaped configuration and tapering peripherally suggestive of early nodular gynaecomastia. **c:** Smear shows dense acute inflammatory exudate along with sheets of anucleated squames [Pap X 100]. **d:** Smears showing sheets of anucleated squames, multinucleated giant cell (black arrow) in a background of dense acute inflammation [Giemsa X200]

epidermoid cyst are identical to that of subareolar abscess. However, these are located more superficially than the subareolar abscess (Rajaram, 2008). The treatment is incision and drainage and surgical excision of the abscess, sinus tract and dilated duct along with antibiotic treatment. Although subareolar abscess is rare in male, an associated risk factor should be looked for.

Conclusion

The present case highlights that subareolar abscess may uncommonly lack the signs of the inflammation and present with associated nipple discharge. Moreover, radiological features in such cases may mimic the commoner gynaecomastia and FNAC proves to be a simple diagnostic tool.

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