Breast tuberculosis. Experience and outcomes of dressing use. Description of 10 cases in the Infectious Diseases and Stomatherapy outpatient clinics of HC-FMUSP.

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Objective

Breast tuberculosis is a rare disease, with a prevalence of up to 3% of benign breast pathologies. In more than 70% of cases, patients present with fistulas and ulcers that require local treatment in addition to antibiotics, making nursing care in stomatherapy very important.

Methods

- Description and evolution of ten cases treated at the Mastitis Outpatient Clinic of the Division of Infectious and Parasitic Diseases of HCFMUSP, together with the Enterostomal Therapy Nurse, from October 2024 to February 2025.
- Calcium alginate dressings with and without silver, collagen and alginate dressings, alginate hydrogel, and antimicrobial soft silicone foam dressing mesh were used.

Case	Age (year)	Time of disease progression (months)	Lump size (cm2)	Diagnostic Biopsy (Bx) IGRA Tuberculin test (TT) Microbiology (culture)	Drug therapy	Dressing (*) wound closure Time of closure
Case 1	41	16	49 bilateral breast	Bx inflammatory infiltrate IGRA (-) TT (-) Culture (-)	RIPE empiric treatment	(1) 100% 90
Case 2	29	2	30 right breast	Bx no IGRA (-) PPD no Microbio no	RIPE empiric treatment	(1) <20% recent
Case 3	34	2	16 right breast	Bx granuloma IGRA (-) PPD (-) Microbio (-)	RIPE	(3) +(5) <40% No
Case 4	25	2	234 right breast	Bx granuloma IGRA (-) PPD NR Microbio (-)	RIPE + LEVOfloxacin	(2)+(5) 100% ≥100
Case 5	42	24	49 right axilar and breast	Bx granuloma IGRA (-) PPD NR Microbio pbaar (+)	RIPE + Levofloxacin + moxifloxacino + clofazimina + linezolida	(1) +(2) 100% no
Case 6	34	4	26 right breast	Bx granuloma IGRA (-) PPD NR Microbio (-)	spontâneous cure	(5) 100% 20
Case 7	40	8	35 E 20 bilateral breast	BX inflammatory infiltrate IGRA (-) PPD (-) Microbio (-)	RIPE + Levofloxin + Clofazimina	(1) +(5) 100% 60
Case 8	24	4	63 left breast	Bx inflammatory infiltrate IGRA (-) PPD (-) Microbio (-)	RIPE	<mark>(1)</mark> 100 60
Case 9	43	47	9 bilateral breast	Bx granuloma IGRA (-) PPD(-) Microbio pbaar (+)	RIPE + Levofloxino + Clofazimina	(4) 100 >100
Case 10	45	6	80 left breast	Bx inflammatory infiltrate IGRA (-) PPD (-) Microbio (+)	RIPE + Levofloxino + Clofazimina	<mark>(3)</mark> 100% 240



Case description and the wound Evolution with dressings

Results

- 9/10 patients were of reproductive age, between 24 and 43 years (mean 35.7), 8/10 had at least one child, and breastfed for at least 6 months.
- The delay to disease diagnosis was 6 months (2-8 IQR).
- The breast lesion was unilateral in 8/10, with a variation in size of 44 cm² (26-80 IQR).
- The diagnosis was confirmed by biopsy in 6 out of 10 patients, and tuberculosis treatment was initiated empirically in 4 out of 10 patients.
- According to the Brazilian Ministry of Health protocol, all ten patients received the tuberculosis treatment regimen.
- There was a 50% improvement in the size of the lesions in 8/10 patients in the 3rd month of treatment, but only in 4/10 patients did the fistulas close within 90 days.
- There was a decrease in dressing changes (from 4 to 5 times a day to once a day), which positively impacted exudate and pain control.

Conclusion

Multidisciplinary patient treatment was effective in improving wound healing and controlling pain. Research on this topic is needed. (*) - (1) Calcium alginate dressing (2) Calcium alginate dressing with silver, (3) collagen and alginate dressings, (4) alginate hydrogel, and (5) antimicrobial soft silicone foam dressing mesh



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I have no conflict of interest

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