

Photoclinic



Figure 1. Mammography of the breast mass.

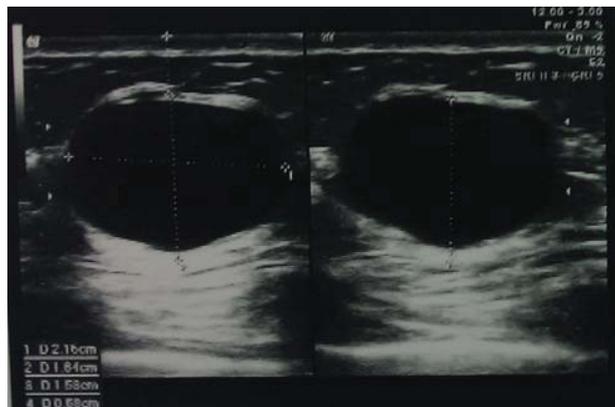


Figure 2. Ultrasonography of the breast mass.

Cite the article as: Geramizadeh B, Dehghanian A, Moradi A, Talei A. Photoclinic. *Arch Iran Med.* 2012; **15**(8): 523 – 524.

A 47-year-old lady from a village in Bushehr Province, Iran presented with a breast mass detected about one month prior. Her past medical history was unremarkable, with no history of breast cancer in her first degree relatives. Upon physical examination, she was a completely healthy lady that had a movable, round, well-defined mass in the inner lower quadrant of her right breast. Mammogra-

phy showed a well-defined mass lesion with benign looking appearance that favored a cystic lesion (Figure 1).

Ultrasonography revealed a cystic mass in the inner lower quadrant that measured $22 \times 17 \times 16$ mm with no calcifications (Figure 2). The remainder of the right breast, as well as the left breast and axillary area were completely normal. Fine needle aspiration was performed of which the results were reported as unsatisfactory for interpretation; the specimen was composed of blood and a few macrophages. The mass was excised and sent for pathologic examination.

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Accepted for publication: 21 December 2011

**What is your diagnosis?
See the next page for diagnosis.**

Photoclinic Diagnosis:

Breast Hydatid Cyst

Microscopic examination of the breast mass showed normal breast tissue with degenerated laminar structures and hooklets. A diagnosis of breast hydatid cyst was made. After surgery and pathologic diagnosis, albendazole was administered. Abdominal CT scans were completely normal and a thorough physical examination failed to show any other lesion.

Hydatid cysts most commonly involve the liver and lungs. Breast involvement has been reported as a part of disseminated disease and as an isolated lesion, both of which are very rare, particularly the isolated lesion.^{1,2}

On mammography, hydatid cysts are seen as circumscribed masses with variable density.³ Sonography can show a uni- or multiloculated cyst, which is similar to hydatid cysts located elsewhere in the body.¹

The differential diagnoses are fibroadenoma, phylloides tumor and rarely, carcinoma.⁴

Breast hydatid cysts are very rare, most previous cases have been diagnosed after excision and pathologic examination.⁴

Iran is an endemic country for hydatid cyst. This case is the third report of breast hydatid cyst from our center,^{5,6} which is the main referral center in Southern Iran. Thus we must emphasize its consideration as a differential diagnosis of breast masses, particularly amongst farmers or those who work and live on farms.

References

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Erratum

In the Archives of Iranian Medicine, Vol. 14, No. 4, July 2011, the article entitled “*Effect of Topiramate Augmentation in Chronic Schizophrenia: A Placebo-Controlled Trial*”, Paria Hebrani MD is the corresponding author.

In the Archives of Iranian Medicine, Vol. 12, No. 1, January 2009, the article entitled “*Stem Cell Transplantation: Iranian Experience*”, Fatemeh Gaffari MD should be changed into Fatemeh Ghaffari MD.

The authors would like to apologize for these mistakes.