

According to Tewari et al.¹⁵ cultures and AFB staining were negative in most cases. In our case series, ZN smear were positive in two case and culture positive in one case; their identification of *Mycobacterium tuberculosis* complex was done NAP test along with sensitivity, all drugs were sensitive for first line therapy. Pathological test has more sensitivity and specificity than conventional bacteriological examination. Accurate diagnosis of breast tuberculosis according to Khanna et al.¹¹ was 100% reliable in diagnosis of breast TB. We found that in histopathology results of present case series, sheets of epithelioid cell granuloma, lymphoid cells and breast ductal epithelial cells in all cases (Figure 2). A new diagnostic tests for TB using interferon gamma (IFN- γ) responses produced by T lymphocytes after stimulation by specific antigens [early secretory antigen target 6 (ESAT-6), culture filtrate protein 10 (CFP-10) and TB7.7] promised better sensitivity and specificity in diagnosis of tubercular infection than the TST because they are not cross reactive like with BCG.⁷ In the present study, two cases were positive by IGRA (In Tube) using as a screening test of tubercular infection.

In conclusion, incidence of breast tuberculosis is high in pulmonary TB and EPTB. The diagnosis of breast TB in clinical presentations remains a true challenge. It also presents a diagnostic dilemma on radiological and microbiological investigations and thus high index of suspicion acquires an important position. Precise diagnosis, however, must be based on histopathological examination. It is curable with antitubercular chemotherapy drugs with surgery playing major in prevention.

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