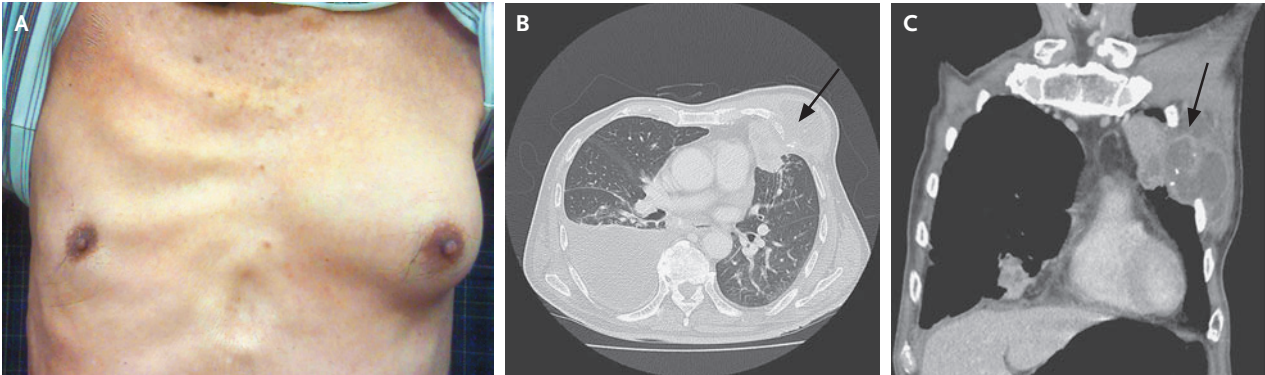


IMAGES IN CLINICAL MEDICINE

Tuberculous Abscess Manifesting as Unilateral Gynecomastia



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A 74-YEAR-OLD MAN WAS ADMITTED TO OUR HOSPITAL AFTER PRESENTING with fever, nonproductive cough, and a 2-month history of enlargement of the left breast. Examination showed gynecomastia on the left side (Panel A) with bilateral crepitations of the lung. Computed tomography (CT) of the thorax showed a left-chest-wall collection of fluid with erosion of the ribs and extension into the pleural space, anterior mediastinum, and lung parenchyma (Panel B and Panel C, arrows). There were also bilateral nodular infiltrates, a right pleural effusion, and enlarged mediastinal lymph nodes. Fluid obtained from the left chest wall by means of fine-needle aspiration was positive for acid-fast bacilli, and cultures grew *Mycobacterium tuberculosis*. Cultures of bronchoalveolar-lavage fluid were positive for *M. tuberculosis*, and granulomas were present on transbronchial biopsy. The patient received a diagnosis of pulmonary tuberculosis with a tuberculous abscess of the left chest wall. Antituberculosis treatment was started, and débridement of the chest-wall abscess was performed. After 9 months of treatment, repeat CT of the chest showed resolution of the tuberculosis. The patient remains well.

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