



Letter to the Editor

Comment on: Hydatid cyst of the breast: Case report

To the Editor;

We read the recent article “Hydatid cyst of the breast: Case report” written by Moussaoui and colleagues with great interest [1]. The authors presented a management algorithm in a case report of a female with a hydatid cyst disease of the breast. We would like to commend the authors for sharing their experience related to a very rare entity; i.e. the hydatid cyst disease of the breast. Nevertheless, we would like to emphasize a few points related with this study.

The authors stated in the introduction section that “It was still considered a pulmonary pathology. However, nearly 17.9% of tuberculosis cases have extrapulmonary manifestations. Breast and skin are considered rare sites of extrapulmonary mycobacterial infection, accounting for 0.1% to 0.5% of all tuberculosis cases respectively”. In our point of view this is an important mistake and it is very interesting that the reviewers have not seen this mistake. The presented case is about a hydatid cyst disease of the right breast but in the introduction section, the authors have described as if the patient had tuberculosis. It is mandatory from the academic stand-point that this mistake should be corrected.

The second point is related with the abbreviations and erroneous terminologies used in the article. The authors have used the abbreviation QSE three times through out the article but they have not explained what it meant. Ideally, the authors should explain what the abbreviation is as it is used for the first time and use the abbreviation in the following sections when necessary. Furthermore, the authors use the term “perikystectomy” which should be corrected as “pericystectomy”.

The third point we would like to emphasize is related with the postoperative treatment strategy of the patient. The authors stated that they have started albendazole treatment to the patient who received a pericystectomy for hydatid cyst disease of the breast and furthermore, the surveillance of the other organ systems showed that there were no lesions in any organs. In other words, adjuvant anti-helminthic treatment was started to a patient who received a radical operation for primary breast hydatid cyst disease. In our experience and according to the data from the current literature, there will be no remnant cyst related component following a radical operation (such as pericystectomy) and therefore, there is no indication to start anti-helminthic therapy. The main objective of radical treatment in cystic hydatid disease is to reduce the recurrence rates and avoid unnecessary medical therapy [2–4].

As the authors have stated in the discussion section, during the differential diagnosis of the cystic breast lesions, if mammography and breast ultrasonography is inconclusive for diagnosis, fine needle aspiration biopsy should be used for lesions with suspi-

cion of malignancy. Evaluation of the mammography images that the authors have presented is pathognomonic for hydatid cyst disease. The specificity and sensitivity of ultrasonography; especially in endemic areas; is 93–98% and 88–90%; respectively [4]. These rates increase in superficial organs such as the breast. In this case performing a fine needle biopsy is unnecessary and furthermore; performing a fine needle biopsy without neoadjuvant anti-helminthic therapy is contraindicated because it increases the risk of anaphylactic reactions [5].

The last but the most important issue regarding this article is that it is a duplication. Probably, unintentionally, authors have sent the manuscript to two separate journals and both have published the same case report [1,6]. We believe that our commentary should be published in order to write down this notice to the literature.

Declaration of Competing Interest

No conflict of interest about this letter to the editor.

Funding

No received funding.

Ethical approval

No required ethical approval.

Consent

This work was written in the form of “letters to the editor”. Therefore, no patient was presented.

Author's contribution

This letter was designed and written by Akbulut S and Sahin TT.

Registration of research studies

Not available.

Guarantor

Not available.

References

- [1] K.E. Moussaoui, A. Lakhdar, A. Baidada, A. Kherbach, Hydatid cyst of the breast: case report, *Int. J. Surg. Case Rep.* 77 (2020) 325–328, <http://dx.doi.org/10.1016/j.ijscr.2020.10.109>.

- [2] Y. Yagmur, S. Akbulut, Unusual location of hydatid cysts: a case report and literature review, *Int. Surg.* 97 (1) (2012) 23–26, <http://dx.doi.org/10.9738/CC85>.
- [3] M. Patmano, D.A. Çetin, T. Gümüş, Y. Yavuz, A rare case; hydatid cyst of the breast, *Türkiye Parazitol. Derg.* 43 (1) (2019) 47–49, <http://dx.doi.org/10.4274/tpd.galenos.2018.5874>.
- [4] V.M. Mutaftchiyski, G.I. Popivanov, M.S. Tabakov, V.V. Vasilev, K.T. Kjossev, R. Cirocchi, A.T. Philipov, V.S. Vaseva, G.T. Baitchev, R. Ribarov, M.N. Konaktchieva, Cystic echinococcosis of the breast - diagnostic dilemma or just a rare primary localization, *Folia Med. (Plovdiv)* 62 (1) (2020) 23–30, <http://dx.doi.org/10.3897/foimed.62.e47740>.
- [5] T. Kara, R.B. Arpacı, Y. Vayisoğlu, E. Serinsöz, D. Gürsoy, A. Özgür, D. Apaydin, C. Özcan, Hydatid cyst of parotid gland: an unusual case diagnosed by fine needle aspiration biopsy, *Türk Patoloji Derg.* 33 (2) (2017) 171–174, <http://dx.doi.org/10.5146/tjpath.2014.01265>.
- [6] K.E. Moussaoui, A. Lakhdar, A. Baidada, A. Kherbach, Unusual hydatid cyst of the breast: a case report. Unusual hydatid cyst of the breast: a case report, *Gynecol. Obstet. Case Rep.* 6 (5) (2020) 38, <http://dx.doi.org/10.36648/2471-8165.6.3.108>.

Sami Akbulut*
Tevfik Tolga Sahin
*Department of Surgery and Liver Transplant
Institute, Inonu University Faculty of Medicine,
244280, Malatya, Turkey*

* Corresponding author at: Department of Surgery
and Liver Transplant Institute, Inonu University
Faculty of Medicine, Elazig Yolu 10. Km, Malatya,
44280, Turkey.
E-mail address: akbulutsami@gmail.com
(S. Akbulut)

20 December 2020

Open Access

This article is published Open Access at [sciencedirect.com](https://www.sciencedirect.com). It is distributed under the [IJSCR Supplemental terms and conditions](#), which permits unrestricted non commercial use, distribution, and reproduction in any medium, provided the original authors and source are credited.