

A Geriatric Breast Abscess due to *Salmonella enteritidis*

Muhanad Mohamed* and Deborah Asnis

University of Minnesota, Minneapolis, USA

*Corresponding author: Muhanad Mohamed, University of Minnesota, Minneapolis, Minnesota, USA, Tel: 612-626-9943; E-mail: moham826@umn.edu

Rec date: Apr 03, 2014; Acc date: Jul 05, 2014; Pub date: Aug 10, 2014

Copyright: © 2014 Mohamed M, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Introduction

Breast abscesses occur most commonly during pregnancy and lactation. However, increasing numbers of breast abscesses are being reported in non-lactating patients as well [1]. *Salmonella typhi* can cause breast abscess infrequently and have been reported in up to 0.9% of *S. typhi* infections [2]. Non-typhi isolates of *Salmonella* are even rarer [2].

Keywords: Breast abscess; *Salmonella*; Breast Implants; Geriatric

Case Report

A 66 year old Liberian woman presented with a one week history of weakness, polydipsia, polyuria and poor appetite along with a right breast swelling without fever or chills. She denied diarrhea, trauma or recent illness. She had a history of breast cancer and underwent a lumpectomy; subsequently she had bilateral breast implants with silicone over twenty years ago. Examination revealed: temperature 39.3°C and a right breast that was fluctuant and red with purulent nipple discharge without axillary lymphadenopathy. Laboratory results revealed: WBC 17x10⁹/L and glucose 557 mg/dl. An incision and drainage of the right breast abscess and implant removal were done. Abscess fluid grew *Salmonella enteritidis*. Blood, stool and urine cultures were negative. She was treated with two weeks of levofloxacin.

Discussion

Localized infection occurs from overt or occult bacteremia with seeding a distant site, often with preexisting disease [3]. Risk factors

may include: malignancy [4], local trauma [4], and hematoma [3]. Isolated breast abscess from *S. enteritidis* infection has not been reported in a nonpuerperal geriatric woman with a breast implant. Our patient did not have any evidence of a recurrence of her breast cancer. Previously seven cases of non-typhi breast abscesses have been reported (3 infants and 4 adults) [4-7]. Three of the four adults were related to pregnancy. None were older than forty years. Our case had several unique features: no antecedent illness, no animal contact or recent travel. It also serves as a reminder that breast masses may not always be malignant prompting microbiologic evaluation.

References

1. Bharat A, Gao F, Aft RL, Gillanders WE, Eberlein TJ, et al. (2009) Predictors of primary breast abscesses and recurrence. *World J Surg* 33: 2582-2586.
2. Edelstein H (1993) Breast abscess due to *Salmonella* serogroup B, serotype Reading, in a young nonpuerperal woman. *Clin Infect Dis* 17: 951-952.
3. Bennett IL, Hook EW (1959) Some aspects of salmonellosis. *Ann Rev Med* 10:1-20.
4. Gremillon DH, Geckler R, Ellenbogen C (1977) *Salmonella* abscess. A potential nosocomial hazard. *Arch Surg* 112: 843-845.
5. Burry VF, Beezley M (1972) Infant mastitis due to gram-negative organisms. *Am J Dis Child* 124: 736-737.
6. Nelson JD (1973) Suppurative mastitis in infants. *Am J Dis Child* 125: 458-459.
7. Gibb AP, Welsby PD (1983) Infantile salmonella gastroenteritis in association with maternal mastitis. *J Infect* 6: 193-194.