Sir,

Bancroftian filariasis is a major public health concern especially in the tropical countries with increased prevalence in Africa, Asia including India and China and the Central and South America. The disease is transmitted by mosquitoes as the intermediate host. The affection of the breast with microfilariae diagnosed by needle aspiration cytology is a rare finding.1,2 The lesion generally presents as a breast lump, arousing the clinical diagnosis of a breast tumour.

A 24 years old female presented to the surgical outpatients clinic with 2 x 3 cm lump in the upper outer quadrant of the breast for the past 6 weeks. On examination, it was a non-tender, firm, mobile mass with regular margins. The axilla was free of any lymphadenopathy. A clinical diagnosis of fibroadenoma of the breast was made and fine needle aspiration cytology (FNAC) along with the ultrasonography ordered as part of the routine triple assessment of the breast. Sonography demonstrated a hypoechoic mass with smooth, partially lobulated margins suggestive of a fibroadenoma. Fine needle aspiration was done with a 23 gauge needle attached to a 10 ml disposable syringe. The cytological examination revealed microfilarial larva with few degenerated ductal cells, neutrophils and histiocytes (Figure 1).

A final diagnosis of filariasis of the breast was made. The patient was put on diethylcarbamazine in a dose of 6 mg/kg/day for 3 weeks with complete resolution of the mass at the end of the second week.

Filarialiasis, cysticercosis and schistosomiasis have all been reported as parasites in the human breast.1,2 Clinical findings mimic a breast tumour,3 with a cutaneously attached nodule present in the upper outer or the periareolar regions of the breast.

FNAC is a simple, cost-effective and widely available investigative modality for the evaluation of breast lumps and their parasitic affections. The cytomorphology of the aspirates in mammary filarias is well characterized with clusters of ductal cells and evidence of microfilaria. Scattered inflammatory cells especially polymorphs, lymphocytes and few histiocytes are usually seen. Kapila and Verma studied 9 cases of breast filariasis over a period of 15 years where visualization from gravid adult females of *Wuchereria bancrofti* in 3 aspirates to microfilarial larvae in 4 cases was reported.4 In a couple of cases intense eosinophilic infiltrate and identification of microfilaria from the draining lymph nodes were also evident. Filarial granulomas have also been described where mistakenly, diagnosis of tuberculosis may be contemplated, although, necrosis associated with filariasis is not as complete as that of tuberculosis.5 Serology in the form of Og4C3 antigen detection for bancroftian filariasis has been used and needs to be complimented with other investigations.

Thus, we suggest that FNAC should be the first investigation in all patients with a breast lump, done either blindly or under sonographic guidance. This simple and cost-effective test can make a prompt diagnosis without much psychological trauma to the patient and prevention of other invasive investigative modalities with complete cure of the parasitic infection with medical therapy.

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DR. ROOBINAKHAN, DR. SYED HASAN HARRIS AND DR. VEENA MAHESHWARI

Correspondence:
Dr. Syed Hasan Haris
Hafeez Manzil, Marris Road, Aligarh, UP
India-202001.
E-MAIL: hasanharris@yahoo.com
What Should a Physician Report and How Can We Improve Reporting?

Sir,

Reporting is a process by which health care providers share an event or observation with a department or another person.

Things reported in health care systems might be a disease that needs surveillance or particular events during the practice like drug eruptions.1-5

Reporting is used in general to assess the magnitude of a particular event or to provide further surveillance like when it is used for the infectious diseases or for quality monitoring purpose like when a hospital mandate reporting any sentinel events.

There are certain remarks that need to be mentioned about reporting in health care systems.

Reporting has become the cornerstone of learning from errors, but is not without its imperfections.3 The reporting system needs to be reviewed and modified periodically in order to serve its purpose. For example, it has been shown that the reporting of adverse drug reactions (ADRs) is improved if it is done not only by the doctor (provider report) but also by the patient (patient self-report).

A review of reporting systems for neonatal Herpes had shown that there was neither standard surveillance case definition nor specific form employed; it was concluded that the reviewed reporting system, in that study, does not appear to be a reliable way to assess the burden of disease.5

Health care providers should understand that they are not working alone and the available reporting systems are very effective in improving the health for the patients and for the public as a whole and they should be persuaded to complete it in the right manner.4

Many health care providers are not aware about the incidence that needs to be reported and to whom they should report the particular incidence. They should be educated about the things to be reported and the available reporting system in their pre-employment orientation, before joining the work. There should be easy-to-fill standard form for each event to be reported. Electronic media can be utilized effectively in the process of reporting with due attention paid to the scientific accuracy.

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DR. DAIFALLAH M. AL ABOUD
Correspondence:
Department of Medicine
College of Medicine
Taif University, Taif,
Saudi Arabia.
E-MAIL: dalaboud@hotmail.com