Rapidly recurring cysts of the breast: caution needed

Breast cysts are a common cause of presentation to the symptomatic breast clinic. However, carcinoma can rarely present as a cystic mass. A 42-year-old woman presented to the breast clinic with a left breast lump. Ultrasound showed the lesion to be a 50 mm simple cyst (*Figure 1*). Aspiration yielded 40 ml of blood-stained fluid, cytology of which was benign (C2).

The lump rapidly recurred and further cytology and image-guided biopsy confirmed invasive ductal carcinoma. Neo-adjuvant chemotherapy was undertaken and the treatment response monitored with magnetic resonance imaging (*Figure 2*). Subsequent wide local excision showed a complete pathological response within the tumour.

The aspiration of blood from a breast cyst is associated with carcinoma (Louie et al, 2003; Kitada et al, 2011). Atypical ultrasound features must also prompt pathological evaluation (Chang et al, 2007). This case highlights the importance of a high level of clinical suspicion in patients who present with apparently simple cysts that do not follow the expected clinical course. **BJHM**

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Kitada M, Hayashi S, Matsuda Y, Sato K, Miyokawa N, Sasajima T (2011) Surgical treatment of intracystic carcinoma of the breast. *World J Surg Oncol* **9**: 116 (doi: 10.1186/1477-7819-9-116)

Louie L, Velez N, Earnest D, Staren ED (2003) Management of nonpalpable ultrasound-indeterminate breast lesions. *Surgery* **134**: 667–73; discussion 673–4 (doi: 10.1016/S0039-6060(03)00318-0)

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Figure 1. Greyscale ultrasound of cystic lesion.

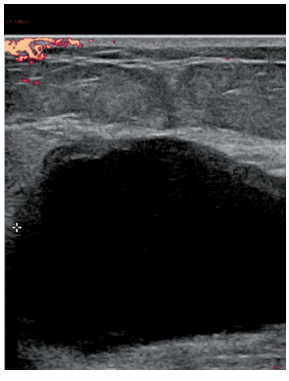
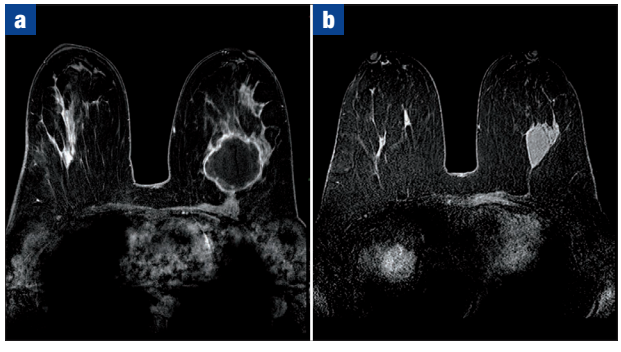


Figure 2. **a.** Pre-neoadjuvant chemotherapy magnetic resonance imaging and **(b)** post-neoadjuvant chemotherapy magnetic resonance imaging showing reduction in tumour size.



Pilonidal cyst of the male breast: barber's disease

A 38-year-old man who worked as a hairdresser presented with a 2x2 cm right retro-areolar breast lump, which had been present for the last 20 years (*Figure 1*). He had intermittent nipple discharge and had twice noticed hair discharging. The remaining examination was unremarkable. An ultrasound revealed mixed echogenicity with cystic components containing solid debris with appearances of a complex cystic lesion. Following surgery, histopathology confirmed a pilonidal sinus.

Peri-areolar pilonidal disease is rare with male hairdressers at greater risk (barber's disease); it is caused by penetration of clipped hairs resulting in an inflammatory reaction with granuloma formation, leading to sinus then cyst formation (Patey and Scarff, 1948).

Recurrence may be prevented by cleansing hands, and using barrier creams and fingerless gloves (Efthimiadis et al, 2008). Education on presenting symptoms for patients and physicians and on preventing recurrence for susceptible patients may aid diagnosis and treatment. **BJHM**

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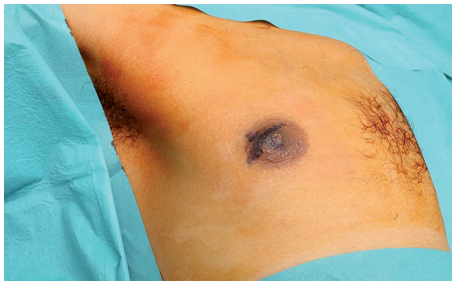
Figure 1. Right breast lump.



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