Public Health Controversies: Common Characteristics

Sir,

Public health interventions have propensity to be embroiled in controversies. There are public health controversies such as climate change, if it is science or myth,[1] or Avian flu–culling birds–public health versus livelihood issues[2] or latest H1N1 pandemic–if it was pharma industry influenced scare,[3] etc. All such controversies are very engrossing. Being in public health for decades, we know that controversies are intrinsic to public health issues. They can hardly be settled once and for all to everybody’s satisfaction. We have been witnessed to the fact that public health controversies erupt like a phoenix, and get fiercely debated and they abruptly die down, either because it simply gets eclipsed by new bigger controversy or passage of time–makes it irrelevant, hence it gets buried but never get resolved. It is simply not possible, because people have taken positions on two opposing point of views and refuse to part away their stand.

When a public health debate is on with divided opinions among the experts, one needs to take a cautious approach. One needs to start with the conviction that there is nothing “right” and “wrong” in a public health debate, because the argument is never on the basics of public health but rather its application or management part of it. It has the issues like mode of intervention (vaccine, mass chemotherapy, and behavior change) and its applications to human population are the bone of contention.

Controversies are bound with every public health intervention, because target groups are communities, and because of sociological and economic dynamics that are inherent in any target communities somewhere someone is bound to be affected directly or indirectly. Controversies are intrinsic to public health, take any public health issue, it has always been surrounded with controversy, public health professionals cannot agree on one set of intervention not because of individual opinion but because of multifactorial nature of public health problems and their possible interventions. Hence since historical times, there have been two opposing point of views on any given public health problems irrespective of old or new. Malaria control,[4] Tb control,[5] family planning[6]–all have been testimonial witness to 100 years of debates and controversy, yet none of them has been resolved to everybody’s satisfaction. The 1994 Plague outbreak in Surat in India still remains debated if it was natural outbreak or was it a result of biological weapon accident/experimentation.[7] The debate lingers.

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Letters to Editor

Tuberculous Mastitis: Still a Diagnostic Dilemma

Sir,

Breast tuberculosis is a rare form of tuberculosis. In developing countries, where tuberculosis is endemic, the incidence is 0.25-4.5% [1]. In western countries, the reported incidence is less than 1% of breast lesions examined histologically. However, the disease is assuming significance even in the developed countries because of the global spread of AIDS [2].

The clinical diagnosis of tuberculous mastitis is difficult because of nonspecific clinical and radiological findings. The disease is often overlooked or misdiagnosed as carcinoma or pyogenic abscess.

We would like to share three cases of tuberculous mastitis diagnosed by fine needle aspiration cytology (FNAC) over a very short period of two months.

Case 1. A 39-year-old female presented with a 2 × 2 cm firm mobile lump in upper outer quadrant of right breast for six months. Clinical examination and ultrasonography suggested the diagnosis of fibroadenoma.

Case 2. A 23-year-old female presented with the complaint of lump in left breast for four months. Local examination revealed 1 × 0.8 cm soft, mobile swelling in upper outer quadrant of left breast which was clinically diagnosed as fibroadenoma.

Case 3. A 45-year-old female presented with tender lump in periareolar region of right breast for five months. The lump was irregular and firm to hard. Clinical examination and ultrasonography revealed an irregular mass and suggested the possible diagnosis of carcinoma.

FNA was performed in these patients. All the cases on cytology showed features of necrotizing granulomatous mastitis [Figure 1]. ZN staining was positive in two cases (case 1 and 2). HIV test was nonreactive in all the three patients. No primary site could be ascertained in the patients.

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