



[Home](#) → [Medical Encyclopedia](#) → Breast enlargement in males

URL of this page: //medlineplus.gov/ency/article/003165.htm

## Breast enlargement in males

When an abnormal amount of breast tissue develops in males, it is called gynecomastia. It is important to find out if the excess growth in the area of the breast is breast tissue and not excess fat tissue (lipomastia).

### Considerations

The condition may occur in one or both breasts. It begins as a small lump beneath the nipple, which may be tender. One breast may be larger than the other. Over time the lump may become less tender and feel harder.

Enlarged breasts in males are usually harmless, but may cause men to avoid wearing certain clothing or to not want to be seen without a shirt. This can cause significant distress, particularly in young men.

Some newborns may have breast development along with a milky discharge (galactorrhea). This condition usually lasts for a couple of weeks to months. In rare cases, it may last until the child is 1 year old.

### Causes

Normal hormone changes are the most common cause of breast development in newborns, boys, and men. There are other causes as well.

#### HORMONE CHANGES

Breast enlargement is usually caused by an imbalance of estrogen (female hormone) and testosterone (male hormone). Males have both types of hormones in their body. Changes in the levels of these hormones, or in how the body uses or responds to these hormones, can cause enlarged breasts in males.

In newborns, breast growth is caused by being exposed to estrogen from the mother. About one half of boy babies are born with enlarged breasts, called breast buds. They usually go away in 2 to 6 months, but can last longer.

In preteens and teens, breast growth is caused by normal hormone changes that occur during puberty. More than one half of boys develop some breast enlargement during puberty. Breast growth often goes away in 6 months to 2 years.

In men, hormone changes due to aging can cause breast growth. This may occur more often in overweight or obese men and in men age 50 and older.

#### HEALTH CONDITIONS

Certain health problems can cause breast growth in adult men, including:

- Chronic liver disease
- Kidney failure and dialysis
- Low testosterone level
- Obesity (also the most common cause of breast growth due to fat)

Rare causes include:

- Genetic variants
- Overactive thyroid or underactive thyroid
- Tumors (including benign tumor of the pituitary gland, called prolactinoma)

## MEDICINES AND MEDICAL TREATMENT

Some medicines and treatments that can cause breast growth in men include:

- Cancer chemotherapy
- Hormone treatment for prostate cancer, such as bicalutamide
- Treatment for an enlarged prostate, such as finasteride (Proscar) or dutasteride (Avodart)
- Treatment for hair loss with finasteride (Propecia)
- Radiation treatment of the testicles
- HIV/AIDS medicines
- Corticosteroids and anabolic steroids
- Estrogen (including those in soy products)
- Heartburn and ulcer medicines, such as cimetidine (Tagamet) or proton pump inhibitors
- Anti-anxiety medicines, such as diazepam (Valium)
- Heart medicines, such as spironolactone (Aldactone), digoxin (Lanoxin), amiodarone, and calcium channel blockers
- Antifungal medicines, such as ketoconazole (Nizoral)
- Antibiotics such as metronidazole (Flagyl)
- Tricyclic antidepressants such as amitriptyline (Elavil)
- Herbal remedies such as lavender, tea tree oil, and dong quai
- Opioids

## DRUG AND ALCOHOL USE

Using certain substances can cause breast enlargement:

- Alcohol
- Amphetamines

- Heroin
- Marijuana
- Methadone

Gynecomastia has also been linked to exposure to endocrine disrupters. These are common chemicals often found in plastics.

Men who have enlarged breasts may have an increased risk for breast cancer. Breast cancer in men is rare. Signs that may suggest breast cancer include:

- One-sided breast growth
- Firm or hard breast lump that feels like it is attached to the tissue
- Skin sore over the breast
- Bloody discharge from the nipple

## Home Care

For swollen breasts that are tender, applying cold compresses may help. Ask your health care provider if it's OK to take pain relievers.

Other tips include:

- Stop taking all recreational drugs, such as marijuana
- Stop taking all nutritional supplements or any medicines you are taking for bodybuilding

## When to Contact a Medical Professional

Contact your provider if:

- You have recent swelling, pain, or enlargement in one or both breasts
- There is dark or bloody discharge from the nipples
- There is a skin sore or ulcer over the breast
- A breast lump feels hard or firm

If your son has breast growth but has not yet reached puberty, have him checked by a provider.

## What to Expect at Your Office Visit

Your provider will take a medical history and perform a physical examination.

You may not need any tests, but the following tests may be done to check for certain diseases:

- Blood hormone level tests
- Breast ultrasound
- Liver and kidney function studies
- Mammogram

## TREATMENT

Often no treatment is needed. Breast growth in newborns and young boys often goes away on its own.

If a medical condition is causing the problem, your provider will treat that condition.

Your provider will talk with you about medicines or substances that may cause breast growth. Stopping their use or changing medicines may make the problem go away. Do not stop taking any medicines before talking to your provider.

Breast growth that is large, uneven, or does not go away may cause a decrease in quality of life. Treatments that may be used in this situation are:

- Hormone treatment that blocks the effects of estrogens
- Breast reduction surgery to remove the breast tissue

Gynecomastia that has been present for a long time is less likely to resolve even if the right treatment is started.

## Alternative Names

Gynecomastia; Breast enlargement in a male

## References

Ali O, Donohoue PA. Gynecomastia. In: Kliegman RM, St. Geme JW, Blum NJ, et al, eds. *Nelson Textbook of Pediatrics*. 22nd ed. Philadelphia, PA: Elsevier; 2025:chap 625.

Anawalt BD. Gynecomastia. In: Robertson RP, Giudice LC, Grossman AB, et al, eds. *DeGroot's Endocrinology*. 8th ed. Philadelphia, PA: Elsevier; 2023:chap 108.

## Review Date 10/1/2024

Updated by: Sandeep K. Dhaliwal, MD, board-certified in Diabetes, Endocrinology, and Metabolism, Springfield, VA. Also reviewed by David C. Dugdale, MD, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team.

### Learn how to cite this page



A.D.A.M., Inc. is accredited by URAC, for Health Content Provider ([www.urac.org](http://www.urac.org)). URAC's [accreditation program](#) is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s [editorial policy](#), [editorial process](#), and [privacy policy](#).

Health Content  
Provider  
06/01/2028

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed medical professional should be consulted for diagnosis and treatment of any and all medical conditions. Links to other sites are provided for information only – they do not constitute endorsements of those other sites. No warranty of any kind, either expressed or implied, is made as to the accuracy, reliability, timeliness, or correctness of any translations made by a third-party service of the information provided herein into any other language. © 1997-2025 A.D.A.M., a business unit



---

National Library of Medicine 8600 Rockville Pike, Bethesda, MD 20894 U.S. Department of Health and Human Services

National Institutes of Health