

Gynecomastia



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Introduction

- Gynecomastia is a benign breast disorder in males.
- It is due to benign enlargement of the male breast.
- Male breast comprises just ductal tissue and supporting fatty tissue.
- But no functional alveolar lobular units as in females.



Introduction cont..

- Benign breast disorders are less common in males as in females
- Because male breast tissue is not exposed to years of cyclical oestrogen or progesterone stimulation.
- Gynecomastia results the embarrassment in males



Prevalence

- This is common in normal males, specially in the neonates, at puberty and increasing age
- Therefore during these days gynecomastia is called physiologic.
- Neonates (60% -90%)
- Puberty (60% -70%)



Clinical features

- Breast tenderness
- Increase breast size
- Rubbery or firm mass extending concentrically from the nipples
- Can affect one or both breasts



Differential diagnosis

- Pseudo- gynecomastia
- Breast cancer
- Lipoma
- Breast cyst



Pathophysiology

- Gynecomastia I resulting from the proliferation of the glandular component of the breast.
- This is due to imbalance of hormones in males like tiny quantities of female oestrogens / progestin .



gynecomastia



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graph TD; A[gynecomastia] --> B[True gynecomastia]; A --> C[Pseudo-gynecomastia]; B --> D[Hypertrophy and hyperplasia of the glandular and parenchymal breast tissue]; C --> E[Deposition of fat around the chest wall]
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True gynecomastia

Hypertrophy and hyperplasia of the glandular and parenchymal breast tissue

Pseudo-gynecomastia

Deposition of fat around the chest wall



Causes

1. Natural hormone changes

Gynecomastia in infants –this is become normal within 2-3 weeks after birth

Gynecomastia during puberty – this condition also become normalise without treatments

Gynecomastia in adults - between the ages of 50-69 years



Causes cont..

2. Drug induced breast enlargement

- Endocrine therapies for benign and malignant prostatic disease
- Spironolactone
- Proton pump inhibitors like omeprazole
- Tricyclic antidepressants etc..



Causes cont..

- **3. recreational drug uses**
- Cannabis
- Anabolic steroids
- Alcohol
- Heroin
- Methadone and Amphetamine



Causes cont..

4. Other pathological conditions

- androgen secreting tumours
- Chronic liver disease
- Renal failure
- Hyperprolactinoma
- Hyperthyroidism



Assessment

- Assessment is done b careful history and examination.
- Need to perform breast and testicles examination with apparent examination.
- Serum hormonal blood tests are rarely required or appropriate.
- Need to exclude breast cancer



Assessment cont..

- The diagnosis is confirmed by the triple assessment with USS and mammography.
- USS is the most useful imaging modality
- Because it has characteristic appearances obviating the need for biopsy in most cases.



Treatment

- Treatment options depend on the cause for the gynecomastia.
- If on any drugs stopping or switching is necessary.
- Recreational drug users should be advised to stop it.



Treatment

- Anti – androgen therapy for suppression of androgenic effects should probably be only advocated in cases caused by treatment of prostatic disease which cannot be discontinued.
- Body builders will request Tamoxifen to suppress the gynecomastia but this is an unlicensed indication in the UK.



Treatment cont...

- **Surgery**
- This is difficult to remove unwanted excess breast tissue.
- Peri-areolar incisions are the norm but full wise pattern breast reduction may be necessary occasionally.
- Liposuction is not effective for true gynecomastia but useful for pseudogynecomastia.



Gynecomastia management

Medical management

1. Correct the underlying disease
2. Prevent from recreational drug use
3. Stop offending drugs
- Etc..

Surgical management

- Consider surgery if,
1. Symptoms for more than 12 months
 2. Pain
 3. Unable to correct the underlying condition



Complications

- Cosmetic problems due to gynecomastia and surgery
- Psychological distress
- Pain and discomfort



- Gynecomastia needs a thorough investigations for find out the cause .
- It may be the transient complaint or the only manifestation of a fatal disease.
- The treatment must address the cause.

