

Groote Schuur Hospital Breast Clinic Guidelines

Management Guideline: Gynaecomastia

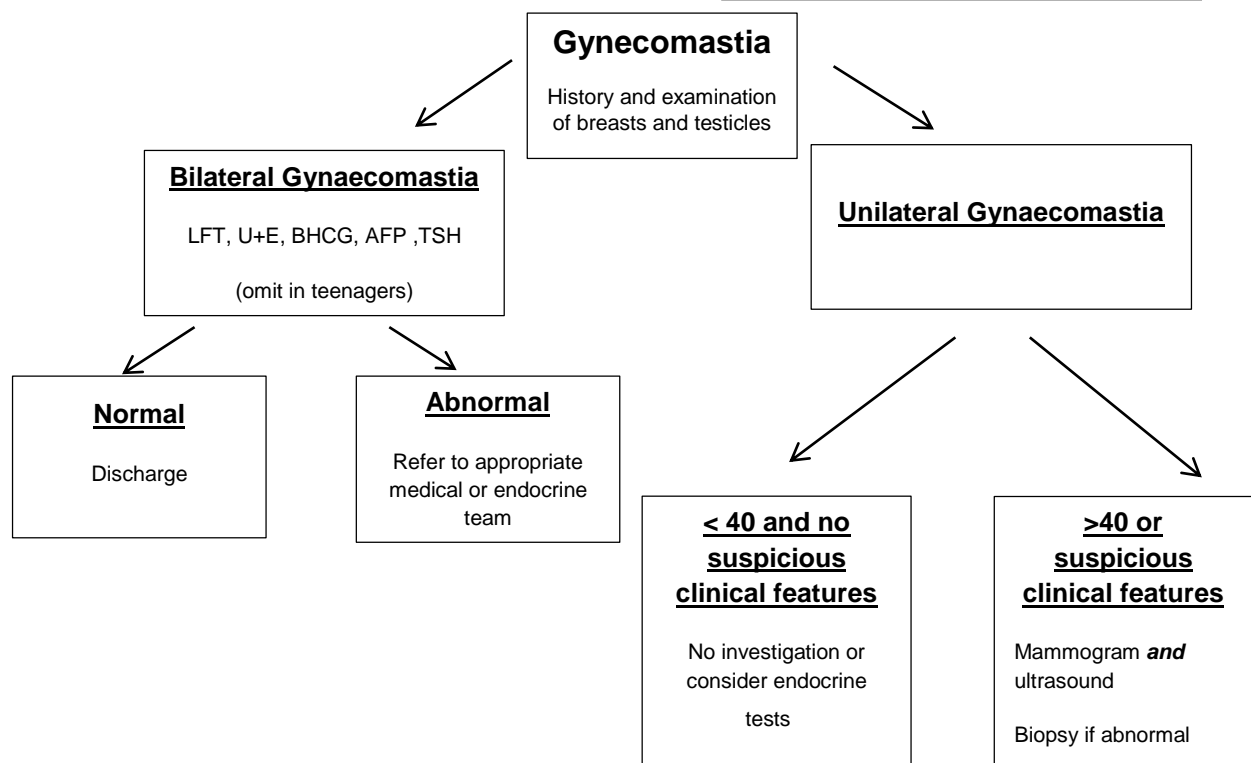
Gynaecomastia is a benign enlargement of the male breast due to proliferation of the glandular component. It is caused by a relative imbalance between oestrogen and androgen levels and can be caused by a wide range of conditions. Gynaecomastia peaks during puberty and in 50 to 80 year olds. Clinically, gynaecomastia is a firm, rubbery, mobile, disc like mound of tissue arising concentrically from beneath the nipple and areola region. Unilateral and bilateral gynaecomastia are both common and benign.

Causes of bilateral gynaecomastia:

- **Prescription drugs:** e.g. Spironolactone, anti-androgens, anabolic steroids, HAART in particular efavirenz, diazepam, tricyclic antidepressants, cimetidine, digoxin, calcium channel blockers
- **Recreational substances:** e.g. Alcohol, amphetamines, marijuana, heroin, methadone
- **Organ dysfunction:** liver failure, renal failure, thyrotoxicosis
- **Testicular carcinoma**

Causes of unilateral gynaecomastia or retroareolar mass:

- All causes of bilateral gynaecomastia
- Breast carcinoma
- Benign breast lump



Gynaecomastia is a common self-limiting condition. It is important to exclude cancer but not over investigate.

Patients who request surgery for cosmesis may be referred to plastic surgery if symptoms > two years.

