NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Gynaecomastia

Male breast tissue enlargement or gynaecomastia is relatively common. - Patients may report pain and/or tenderness and may describe a globular swelling behind the nipple.

There numerous causes of gynaecomastia, including but not limited to:

- **Excess oestrogens**: such as during puberty, or due to testicular tumours, adrenocortical tumours and hyperthyroidism
- **Altered oestrogen metabolism**: for example in alcoholism or chronic liver disease
- **Decreased androgens:** associated with ageing (male menopause), primary gonadal failure (e.g. Klinefelters, viral orchitis), secondary gonadal failure; pituitary or hypothalamic disease
- **Changes in androgen binding:** seen in conditions like chronic renal failure or HIV
- **Medications:** including Spironolactone, Digoxin, Finasteride, Cimetidine, tricyclic antidepressants, steroids and many others
- **Body Building Supplements**
- **Recreational or non-prescribed drugs:** such as marijuana, alcohol, anabolic steroids, amongst others.

Pseudogynaecomastia is bilateral breast enlargement entierly due to adipose tissue; It does not require investigation or treatment.

It is important that secondary causes are identified and we would request that the following blood investigations are performed prior to referral:

Full Blood Count, Thyroid Function, Liver Function, Renal Function, Testoserone, Oestradiol, Lutenising Hormone, Follicular Stimulating Hormone, Alpha Feto-Protein, Human Chorionic Gonadotrophin, Prolactin (If Available: Steroid Hormone Binding Globulin and LDH Lactate Dehydrogenase).

Any surgical treatment can only be provided if the case has been approved through the Individual Funding Request Process *(WUTH does not provide this service, and patient should be referred to a plastic surgical unit).*

Further information:

asociationofbreastsurgery-summary-statement-gynaecomastia-v3.pdf

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https://bestpractice.bmj.com/topics/en-gb/869