**WHAT IS IT**

- Gynaecomastia is a benign enlargement of one or both breasts in men.
- It is a common clinical condition and results from an imbalance in oestrogen and androgen action in the breast tissue.

**PREVALENCE**

- It can be detected in up to 70 per cent of boys during puberty and between one-third and two-thirds of adult males (Braunstein, 1999).
- The nature of the condition may result in statistics regarding prevalence being unreliable. However, there is concern that the condition is increasing.
- This increase may be associated with increases in alcohol abuse and an increase in use of medication linked to the condition.

**PHYSIOLOGICAL CAUSES**

- Neonatal
- Pubertal
- Ageing

**PATHOLOGICAL CAUSES**

- XXY males
- Congenital anorchia
- Testicular trauma or tumours
- Viral orchitis
- Hypopituitarism
- Renal failure
- Androgen insensitivity syndrome
- Five alpha-reductase deficiency syndrome
- Chronic liver disease
- Hyperthyroidism
- Adrenal tumours
- Oestrogen, or drugs with oestrogen-like activity or that enhance oestrogen synthesis
- Drugs that inhibit testosterone synthesis or action
- Other medication such as methyldopa, tricyclic antidepressants, diazepam, ACE inhibitors
- Excessive alcohol consumption
- Marijuana and heroin use
- Anabolic steroid use
- Idiopathic

**MANAGEMENT**

- Breast size of more than 5cm, a tender lump of recent onset or unknown duration, or that is progressive, or shows signs of malignancy, requires further investigation.
- Pubertal gynaecomastia resolves spontaneously in about 90 per cent of cases (Segu, 2005).
- Identifying and managing an underlying primary disorder often alleviates breast enlargement.
- For patients with idiopathic gynaecomastia or residual gynaecomastia after treatment of the primary cause, medical or surgical treatment may be considered.
- Drug therapy including: clomiphene, tamoxifen, danazol and testolactone.
- This condition, although not normally life-threatening in itself, can cause considerable emotional trauma and requires sensitive nursing care.

**CANCER RISK**

- A study by Olsson et al (2002) into links with gynaecomastia and carcinoma found no prospective cases of male breast cancer, although two had occurred prior to gynaecomastia diagnosis.
- Olsson et al also found skin cancer and oesophageal cancer were more common among men with gynaecomastia.
- The study confirmed an increased risk for testicular cancer in men with a history of gynaecomastia.

**REFERENCES**

