

Duct ectasia, a rare complication of gynaecomastia

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Non-disclosure statement

Introduction

Mammary duct ectasia is a benign breast condition which affects primarily middle-aged to elderly women. However, it can occur wherever there is breast ductal epithelium.

Case report

9yr old boy referred due to:
gynaecomastia

Past medical history:

- Pubic hair development started at the age of 8.
- His mother noticed bilateral breast enlargement at the age of 6. No discharge from the nipples.

Family history: unremarkable

Examination: growth parameters adequate by age (height 0.5, weight 1,1SD).

- Tanner stage 1
- Bilateral gynaecomastia with no signs of inflammation.
- Genitalia: normal male configuration.

Rest of the general examination was unremarkable.

Investigations

Initial investigations

- Liver, kidney and thyroid function test: normal range.
- Testosterone 0.16ng/ml [1.8-8], oestradiol 9 pg/ml [<25], prolactin 8.7 ng/ml [3-27], LH 0.06 UI/L [<0.3] and FSH 0.9 UI/L [<3] and human chorionic gonadotropin (hCG) <1.2mUI/ml [0-5].
- Karyotype 46XY.

Mammography: compatible with gynaecomastia

Scrotum ultrasound scan: no pathological features

Initial diagnosis: idiopathic gynaecomastia.

Follow up: complain about breast pain and redness.

On the examination: **left mobile, tender and fluctuate on palpation mass** under the nipple and redness, no discharge.

Second mammography: complicated breast cyst (8.8 x por 43.6 x 42.7mm)

Surgical resection

Anatomo-pathological features: left duct ectasia (estrogen receptors: positive 10%)

Secondary diagnosis: *duct ectasia* in a boy with gynaecomastia self-limiting

Conclusion

We described one of the few cases reported of duct ectasia in a 9 years old male.

It is well known that in the vast majority, gynaecomastia is self-limiting, however it is necessary to be aware of its possible complications in order to avoid mistakes and familial stressed as mammary duct ectasia can mimic invasive carcinoma clinically.

Poster Number: P2- 394
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