

Referral Support Service

Breast

B05

Gynaecomastia

Definition

Benign Proliferation of breast glandular tissue in the breast.

Red flags

- Unilateral firm subareolar mass not typical of gynecomastia with or without skin changes or nipple distortion.
- Unilateral eccentric mass.
- Nipple changes.

General Information

Gynaecomastia is the most common breast disorder in men. It occurs in up to one in three men at some time in their life. The condition is often transient, self-limiting or reversible and can usually be dealt with in primary care.

Causes

- Most cases are idiopathic.
- Secondary to certain medication: H2 Antagonists / Anti androgens / Spironolactone / Antiretrovirals / Antipsychotics / Prednisolone/ Antidepressants / opiates. [The BNF lists over 100 drugs that may cause it.](#) A table of the main ones from Pharmaco-vigilance.eu is provided in appendix 1
- Secondary to endocrine disorder or systemic disease:
 - Hormone secreting lung or other tumour
 - Liver disease e.g., NALFD and Alcohol related disease
 - Endocrine disorders such Hyperthyroidism, Congenital adrenal hyperplasia,
 - Genetic disorders.
- Early onset gynaecomastia is often tender but will resolve in 3-4 months.
- Obesity can also cause pseudo-gynaecomastia due to excess adipose tissue.

Management

- If red flag symptoms present – Refer to Breast clinic via 2WW
- If no red flags present:
 - Review medications
 - Consider systemic disease / tumours – general examination, sexual characteristics
 - Check FBC, U+Es, LFTs, TSH, SHBG, Testosterone, Oestrogen, Prolactin, HCG, AFP, LH
- If there is a reversible cause, dealing with this early should reverse the gynaecomastia. However, if present for long time and fibrosis has occurred – then surgery may be the only option.
- If hormonal abnormality found – REFER to ENDOCRINOLOGY
- IF other underlying condition – REFER to appropriate speciality.

Referral Information

If condition painful or distressing, then referral to breast clinic can be considered. However, **IFR approval should be sought prior to referral.**

Patient information leaflets/ PDAs

[What is gynaecomastia? - NHS \(www.nhs.uk\)](https://www.nhs.uk)

References

<https://patient.info/doctor/gynaecomastia>

[Drug-induced gynecomastia - Pharmaco-vigilance.eu](http://Pharmaco-vigilance.eu)

Further reading:

[Gynaecomastia BMJ 2016;354:i4833](https://doi.org/10.1136/bmj.2016.354.i4833) Thiruchelvam, Walker, Rose, Lewis & Al-Mufti

Appendix 1 Adapted from Pharmaco-vigilance.eu

Antiandrogens	Bicalutamide, flutamide, finasteride, dutasteride
Antihypertensive	Spironolactone, Eplerenone
Antiretroviral	Protease inhibitors (saquinavir, indinavir, nelfinavir, ritonavir, lopinavir), reverse transcriptase inhibitors (stavudine, zidovudine, lamivudine)
Environmental Exposure	Phenothrin (antiparasitical)
Exogenous Hormones	Oestrogens, prednisone (male teenagers)
Gastrointestinal Drugs	H2 histamine receptor blockers (cimetidine) Proton pump inhibitors (omeprazole)
Antifungal	Ketoconazole (prolonged oral use)
Antihypertensive	Spironolactone, Eplerenone ACE Inhibitors Calcium channel blockers (amlodipine, diltiazem, felodipine, nifedipine, verapamil)
Antipsychotic (first generation)	Haloperidol, olanzapine, paliperidone (high doses), risperidone (high doses), ziprasidone
Antiretroviral	Efavirenz
Chemotherapy Drugs	cisplatin, vincristine, procarbazine
Exogenous Hormones	Androgens (athletes abuse)
Cardiovascular Drugs	Phytoestrogens, sometimes used to prevent heart disease, are often soya-based

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