

Gigantomastia with mastitis during pregnancy in a patient with well controlled thyroid and lupus disease – a case report

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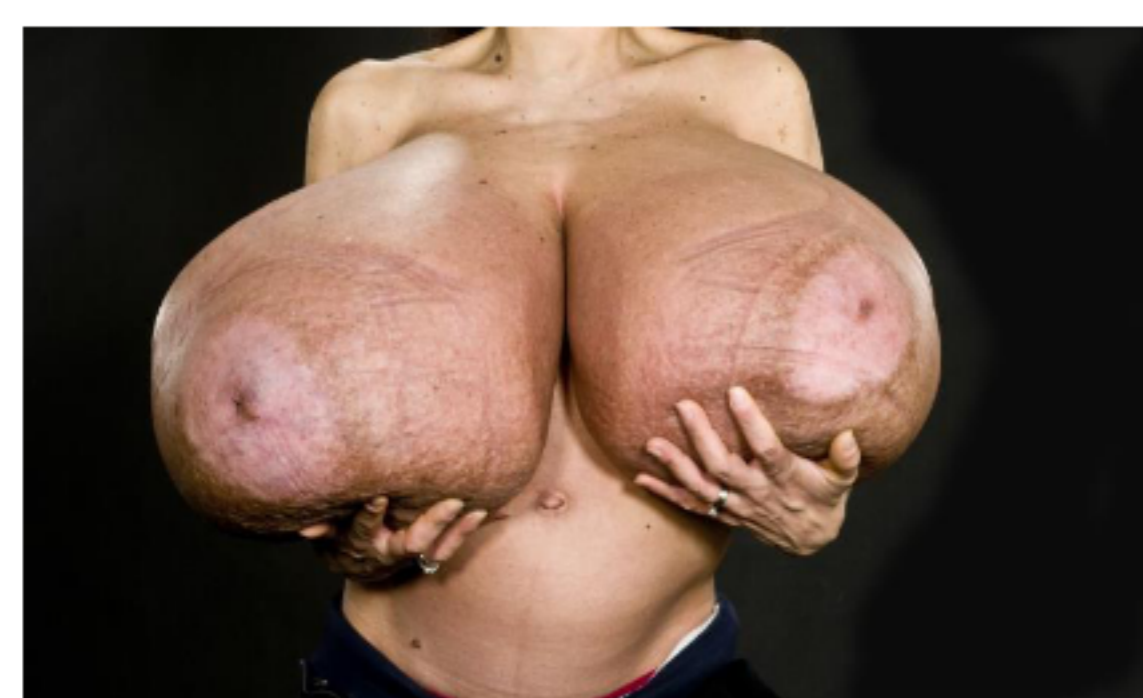
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Introduction

- Gigantomastia is a rare condition characterised by excessive benign breast growth
- Thought to occur secondary to a change in the concentration of, or sensitivity to, circulating hormones (e.g. puberty/pregnancy)
- Isolated case reports in literature describe some medical conditions as triggers e.g systemic lupus
- Can cause significant physical and psychological symptoms
- Potential for conservative, medical and surgical management options

Case report

- 39-year-old female
- Normal BMI
- Conceived after *in vitro* fertilisation therapy
- Past history included:
 - Graves' disease – well controlled on prophyllthiouracil
 - Systemic lupus erythematosus (SLE) – well controlled on hydroxychloroquine and aspirin
 - bilateral breast fibroadenomas – resected 2010
 - ectopic pregnancy – 2008
- Gradual increase in breast size correlating with her menstrual cycle starting a few months after her salpingectomy – brassiere cup increased from C to E at time of embryo transplantation
- Continued increase in breast size during her pregnancy (1 cup size/3 weeks)
- Started on empirical bromocriptine at 30 weeks
- Suffered with chronic breast and lower back pain
- Required inpatient admission for IV antibiotics at 33 weeks for urinary tract infection and mastitis
- At 34 weeks + 4 days ultrasound showed oligohydramnios thought secondary to the excessive breast tissue so proceeded to caesarean-section, which was uneventful
- As she chose not to breastfeed she continued on bromocriptine to suppress lactation
- After two further episodes of mastitis within 4 weeks of delivery and chronic pain she proceeded to reduction mammoplasty



Anterior view



Left oblique



Right lateral



Left lateral

- Uncomplicated; total weight of tissue removed 6.53kg (12% of her body weight)
- Histology confirmed benign proliferative change with no atypia

Discussion

- Gigantomastia is a rare, benign condition but is especially disabling to the pregnant woman and fetus
- Excellent outcomes can be achieved with surgery
- Isolated case reports in the literature suggest autoimmune medical conditions may be trigger factors
- To our knowledge this is the first documented case in a patient with autoimmune thyroid disease and SLE

References: Le EN et al, Lupus 2009; Towaine P et al, JCEM 2005; Dancy A et al, J Plastic, Reconstruct and Aesthetic Surgery 2006; Swelstad MR et al, Plastic Reconstr Surgery 2006

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