

AZOOSPERMIA IN A 32 YEAR OLD NIGERIA MALE WHO PRESENTED WITH GYNAECOMASIA AT THE STATE SPECIALIST HOSPITAL AKURE- A CASE REPORT AND REVIEW OF LITERATURE

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BACKGROUND – A case report of Nigeria male who presented on account of bilateral gynaecomastia and was found to be azoospermic on investigation with a view to draw attention of clinicians to underlying endocrine problems associated with gynaecomastia.

METHODOLOGY
a case report of a 32 year old Nigeria male who presented with progressive bilateral breast enlargement was reviewed.

CASE REPORT

A 32 year old Nigeria male with bilateral breast enlargement since 2013 presented to the endocrine clinic on account of the progressive increase in size of the breast which was protruding from his cloth. There was positive history of occasional pain from the breast. No history suggestive of kidney, thyroid nor liver diseases. No history of use of recreational drugs nor any other drugs. Does not smoke but occasionally takes alcohol. No history of erectile dysfunction or previous surgery to the pelvic region. Had similar problem at age of 18 years for which he was given some drugs by a nurse.

On examination, the breasts were enlarged 3.5cm bilaterally and there were testicular atrophy (5ml with orchidometer). Other physical examinations were normal.

Investigations showed elevated LH (58IU), FSH (56IU) and prolactin (400ng/dl) with normal testosterone, estradiol, bHCG, liver function test and electrolyte and creatinine. Testicular ultrasound shows bilateral testicular atrophy with varicocele and semen analysis was azoospermic. MRI shows pituitary microadenoma,

Patient was commenced on cabergoline and refers to the urologist for surgery. He was to continue with drugs and come back for hormonal assays and seminal analysis.

DISCUSSIONS

- Gynaecomastia is enlargement of the male breast palpable >2cm
- Gynecomastia results from an imbalance in the hormonal environment in the body, with a relative excess of oestrogen when compared to androgens.
- Gynecomastia can result as a side effect of numerous medications and drugs of abuse.
- Gynecomastia is associated with certain medical conditions including hyperthyroidism, chronic kidney failure, and cirrhosis of the liver.
- Primary hypogonadism may lead to decrease synthesis of testosterone also leading to increase conversion to estradiol potentially leading to gynecomastia.
- Hyperprolactinemia either as a result of tumour or side effect of medication can also lead to gynecomastia

CONCLUSION

Early referral of patients with gynaecomastia to endocrine clinic is necessary for adequate clinical and biochemical assessment to determine the cause and prompt treatment to prevent irreversible complications.

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