Gestational Macromastia

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Diffuse generalized enlargement of the breasts beyond physiological limits during early pregnancy is termed as gestational macromastia. It is a rare disorder, with 24 reported cases till 1996. We report one such case. ous bruit over both breasts was audible. Abdominal examination showed a 20 wk uterine enlargement with no organomegaly. Other systemic examinations were normal. Hormonal profile showed $T_3 - 1.2$ ng/ml, (n-0.6-

Case Report

SD (CR.479319) a 35 F, $G_2 P_1$ presented at 20th gestational week with bilateral progressive breast enlargement of 10 weeks, to the extent of hindering her routine activities, and increasing peri-areolar ulceration in right breast for 4 weeks. Her previous pregnancy 6 years ago was uneventful. She had menarche at 15 followed by regular cycles and had never taken



Figure I. Gestational macromastia.

1.6), T_4 -96 ng/ml (n-60-150) 17 β estradiol 780 pmol/1, progesterone 60 nmol/1, prolactin 45ng/ml (n 6-25), morning cortisol 474 nmol/1 (n-400-600). Fasting insulin 14Uu/ml, Fasting blood glucose 76 mg/dl.

Conservative management in the form of breast support, analgesics, ice packs

oral contraceptives, d-penicillamine or antidopaminergic.

On physical examination, the breasts were massively enlarged with engorged superficial veins and were tense and tender. An area of ulceration was seen over lower and outer quadrant of the right breast (Fig.1). There was no spontaneous or expressive galactorrhoea. A continuwere tried for a week without relief, and patient then underwent bilateral near total mastectomy. The histopathological examination showed hypertrophied breast tissue compatible with macromastia. Following surgery, no increase in breast size occurred through the pregancy and she spontaneously delivered a normal female live baby at 40 weeks of gestation.