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

J Prague¹, L Geddes¹, F Kaplan¹
¹Department of Endocrinology – Lister Hospital, East and North Herts Trust, Hertfordshire

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 prophylthiouracil
  - 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


Corresponding Author: Julia Prague at juliaprague@nhs.net