AB007. SOH21AS120. A single centre retrospective review of the current management of gynaecomastia

Eoin Downes¹, Carolyn Cullinane², Denis Evoy², James Geraghty², Damian McCartan², Enda William McDermott², Ruth Siobhan Prichard²

¹School of Medicine, University College Dublin, Dublin, Ireland; ²Department of Breast and Endocrine Surgery, St. Vincent's University Hospital, Dublin, Ireland

**Background:** Increasing numbers of men are being referred to breast services for investigation and management of gynaecomastia (GM). The vast majority of GM is either idiopathic or has a benign aetiology, but male breast cancer needs to be excluded. The aim of this study was to identify the investigative outcomes of GM referrals, and to balance the identification of new pathological findings against expensive and time-consuming investigations.

**Methods:** We identified all new GM referrals to the breast service in St. Vincent's University Hospital between March 2019–March 2020. GM evaluation and management was audited against the European Academy of Andrology clinical practice guidelines. Radiological and laboratory investigations were interrogated, and chart review analyses performed in order to identify the likely cause of GM. Costings for blood tests and radiological investigations were obtained.

**Results:** A total of 111 patients were referred with GM. Following primary consultation 68 (61%) patients were referred for mammography and/or ultrasonography. Clinicians were confident in a clinical diagnosis in the remaining 43 patients. Of the cohort radiologically investigated, 1 (1.5%) invasive ductal carcinoma, 51 (75%) GM, and 7 (10%) lipomas were identified. Fifty-three patients (48%) underwent laboratory investigations. Four patients (7.5%) had new diagnostic findings (hypogonadism, hyperprolactinaemia, hypoestrogenism, and elevated alpha fetoprotein). These patients are currently awaiting further radiological investigations. The average cost of investigations was €223.85 per patient, totalling €18,131.85.

**Conclusions:** Investigation of GM rarely led to discovery of a pathological cause. Most causes of GM were identifiable from initial history and examination, and did not require further investigation.

**Keywords:** Breast cancer; gynaecomastia (GM); male breast cancer

**Acknowledgments**

**Funding:** None.

**Footnote**

**Conflicts of Interest:** All authors have completed the ICMJE uniform disclosure form (available at http://dx.doi.org/10.21037/map-21-ab007). The authors have no conflicts of interest to declare.

**Ethical Statement:** The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

**Open Access Statement:** This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: https://creativecommons.org/licenses/by-nc-nd/4.0/.

doi: 10.21037/map-21-ab007

**Cite this abstract as:** Downes E, Cullinane C, Evoy D, Geraghty J, McCartan D, McDermott EW, Prichard RS. A single centre retrospective review of the current management of gynaecomastia. Mesentery Peritoneum 2021;5:AB007.