

Juvenile gigantomastia treated by reduction mammoplasty

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A 15-year-old girl presented with a 6-month history of rapid bilateral symmetric breast enlargement (Fig. 1). There was no history of surgery, medications, or any diseases. Family history showed that her mother had died of breast cancer at 32 years of age. Physical examination showed a healthy,

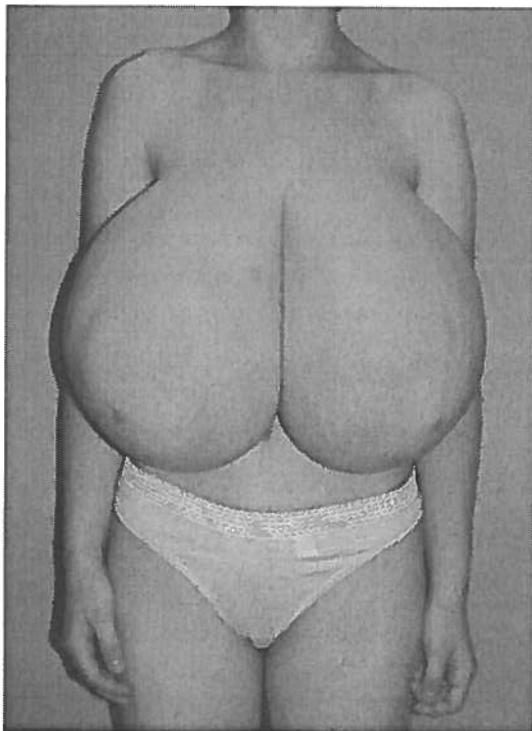


Fig. 1. Massive enlargement of both breasts.

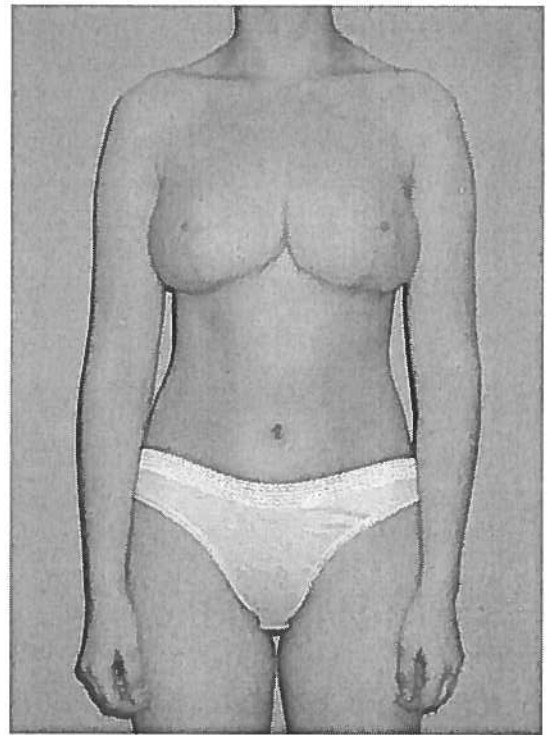


Fig. 2. Postoperative view 4 months after surgical procedure.

normally developed girl with strikingly disproportionate enlargement of both breasts. Preoperative ultrasonic examination of the breast revealed a few cystic masses. Mammogram of the right breast showed increased density of the breast tissue but no abnormal signs. Laboratory studies, including hormonal assay results, were normal. The patient underwent bilateral reduction mammoplasty with free nipple grafts. A total of 9755 g tissue (16% of her body weight) was removed. Histologic examination showed mastopathia fibrosa and no signs of malignancy. The patient declined prophylactic supplemental hormone therapy. Four months

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after surgery, the patient has a good aesthetic result and no signs of recurrence (Fig. 2).

Juvenile gigantomastia is a rare [1] benign disorder of the breast in which one or both breasts undergo an alarmingly rapid enlargement in an adolescent girl. The most common differential diagnosis are juvenile fibroadenoma, virginal hypertrophy, and cystosarcoma phylloides [2–3]. Malignant tumors such as lymphomas and sarcomas are extremely rare in the prepubertal and pubertal breast. All of these conditions are thought to result from a hypersensitivity of breast tissue to normal levels of gonadal hormones. This response is more generalized in virginal hypertrophy and more localized in fibroadenoma. In our case, surgery

was the treatment to alleviate the discomfort caused by the excessive weight and the psychological anguish associated with a disproportionate body habitus.

References

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