

Gynecomastia

*Must be subareolar

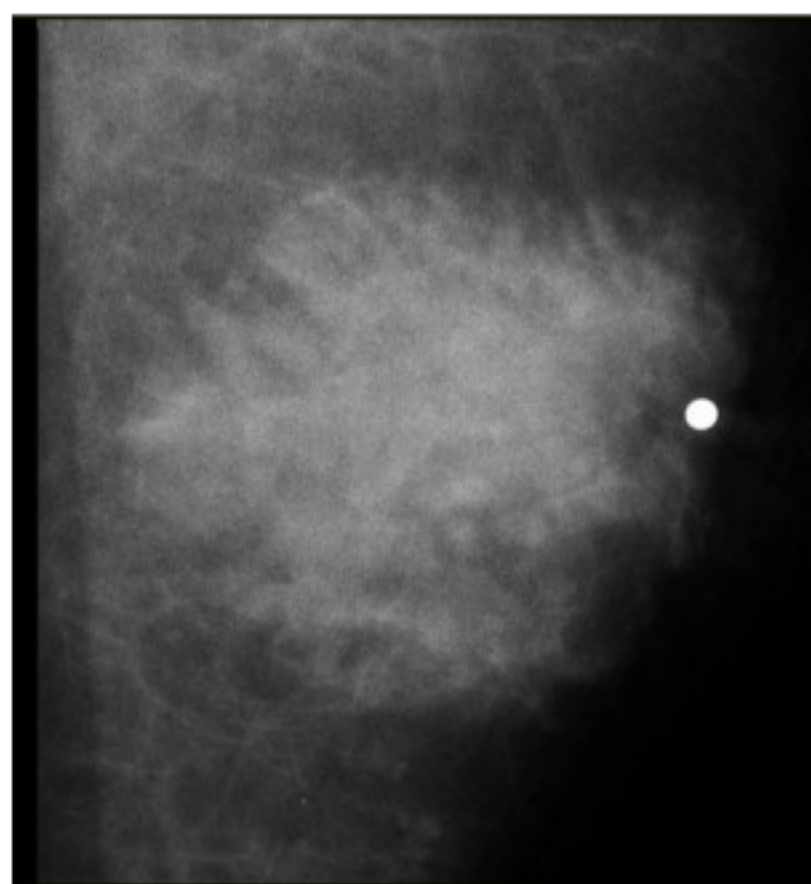
*Most common abnormality in the male breast.

*Clinically ,

– Subareolar mass – Soft – mobile – tender

*Tender in the acute phase,

*but not in the chronic phase.



*in a man this indistinct border is a sign of a gynecomastia.

*Pathology :

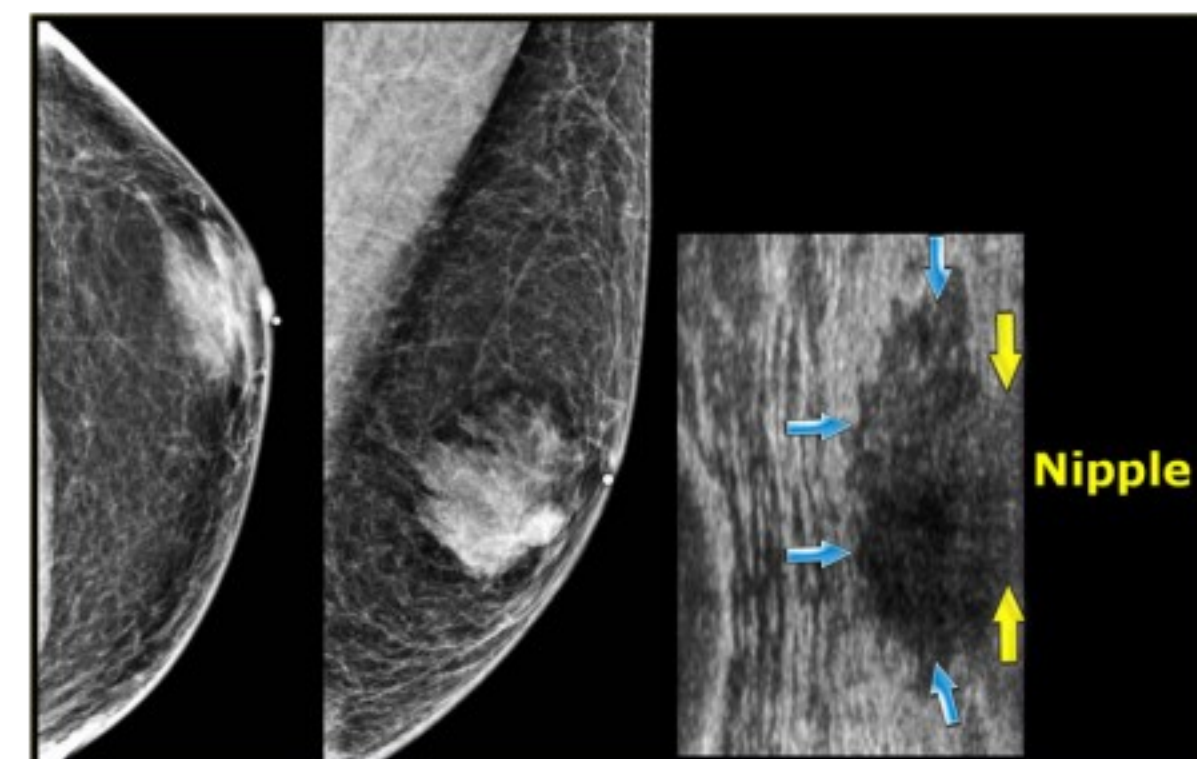
It is simultaneous proliferation of ducts and stroma without encapsulation.



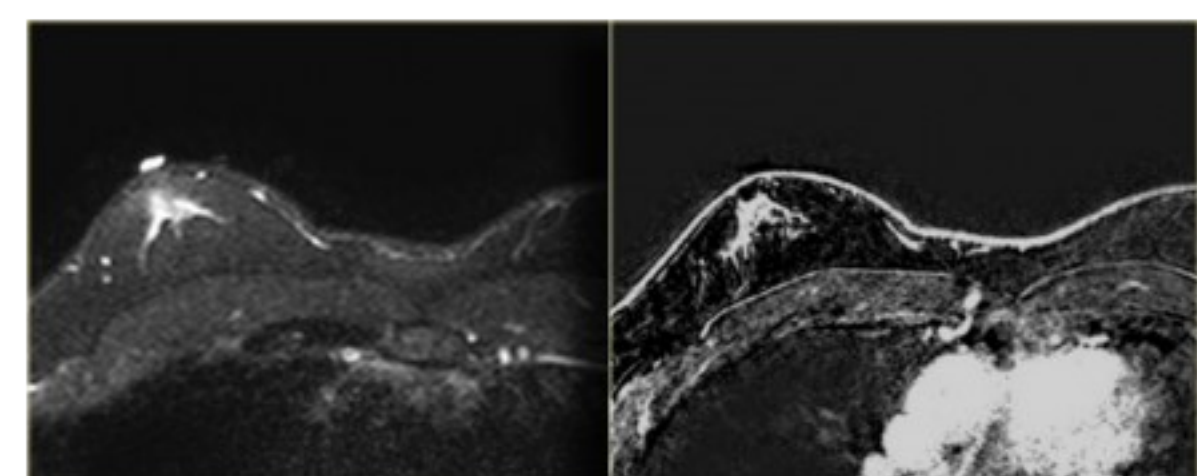
incidental finding in CT

*Patterns:

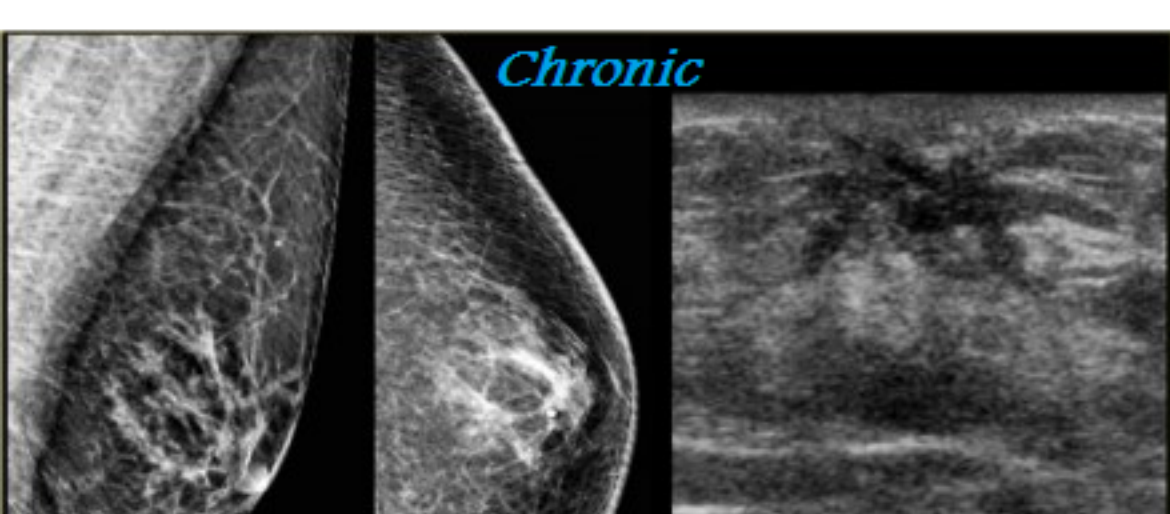
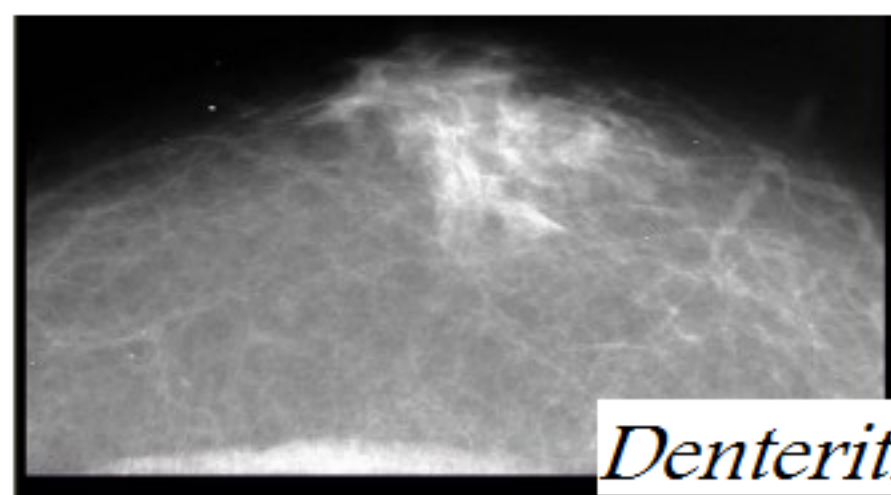
– Nodular – Denteritic – Diffuse Glandular



Nodular Pattern



Denteritic Pattern



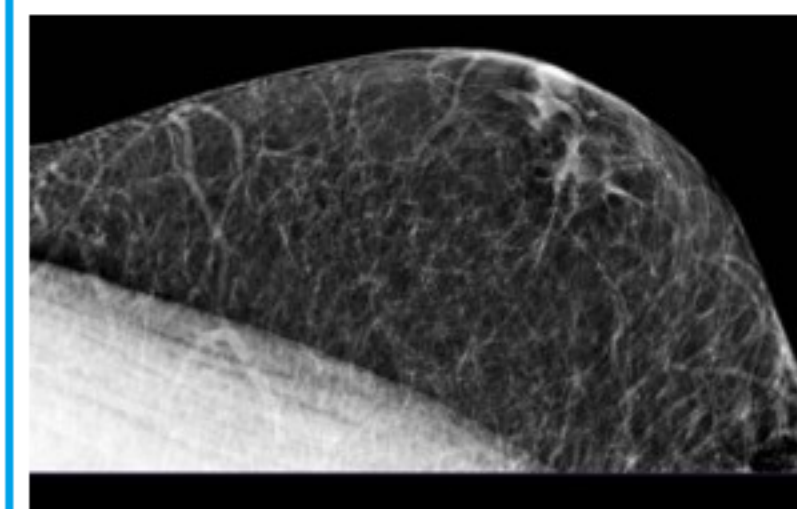
Pseudogynecomastia

*usually bilateral *no palpable mass.

*Excessive fat deposition in the breast area.

*Normal variant, in obesity

and in neurofibromatosis.

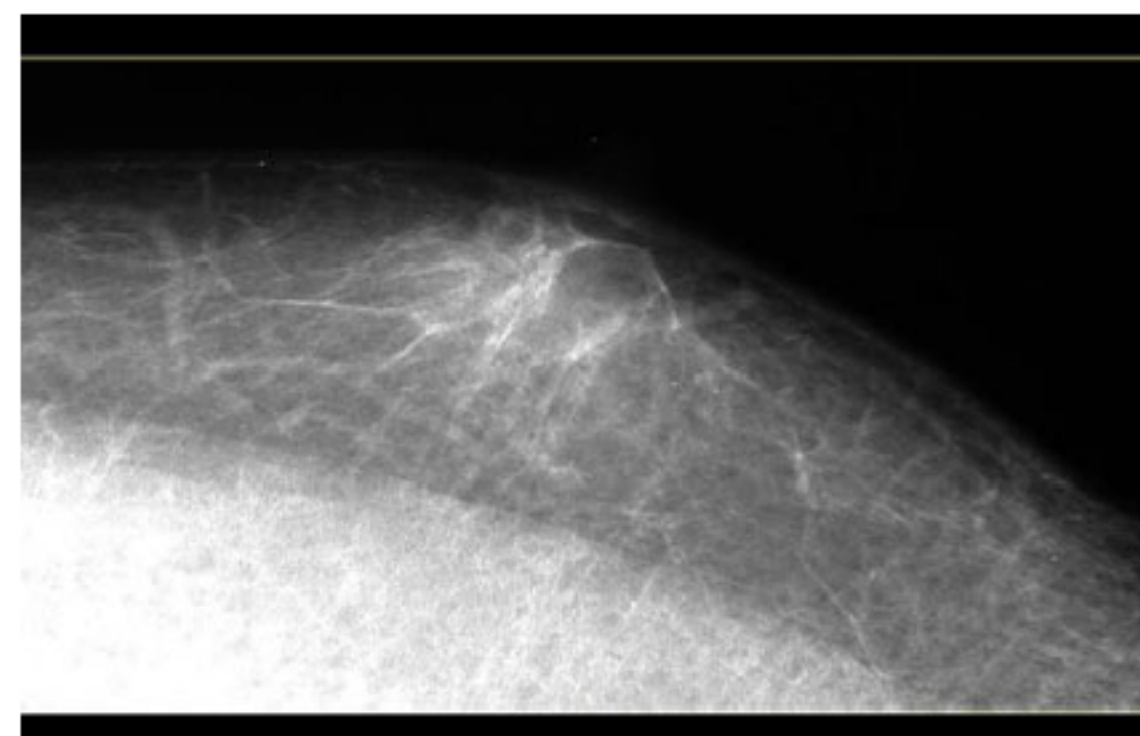


Male Breast

All lesions eccentric to the nipple need biopsy unless they are characteristically benign, i.e. contain fat or typical lymph node.

Any mass not subareolar = not gynecomastia.

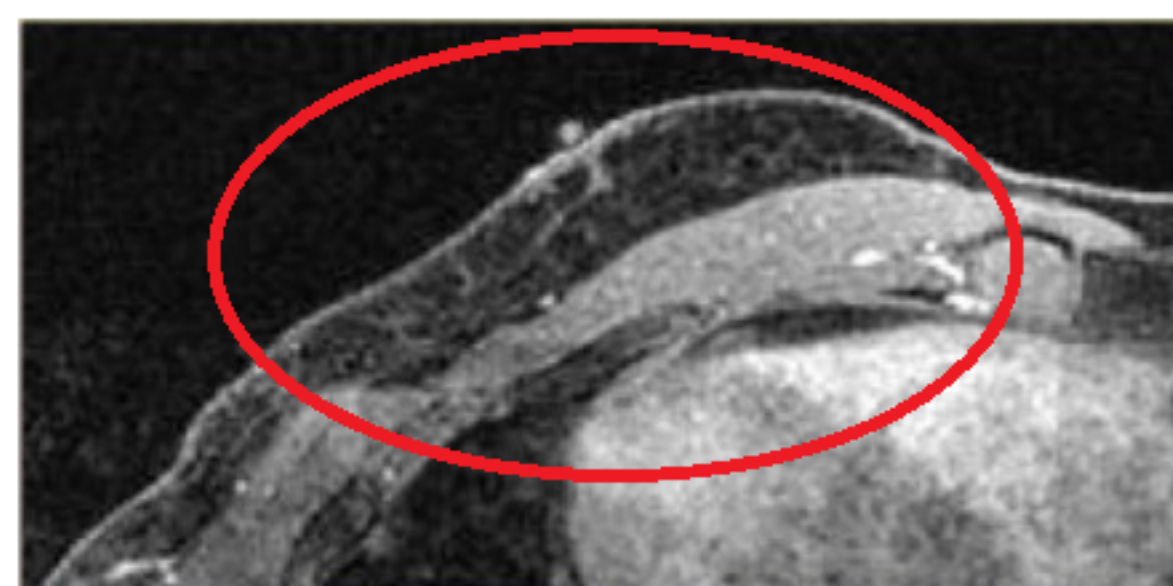
Normal male Mammogram



– Normal skin, & nipple

– Small amount of connective tissue behind the nipple

– No Masses



MRI – T1 Fat Suppression

Normal male breast.

Small amount of connective tissue behind the nipple.

Gynecomastia

- Age 60's
- Soft
- Mobile
- Tender usually
- Subareolar
 - Central
- Unilateral or bilateral
- Nodular or fibrotic
- Nodular
 - Fan shaped
- Fibrotic
 - Subareolar density with extensions into

Carcinoma

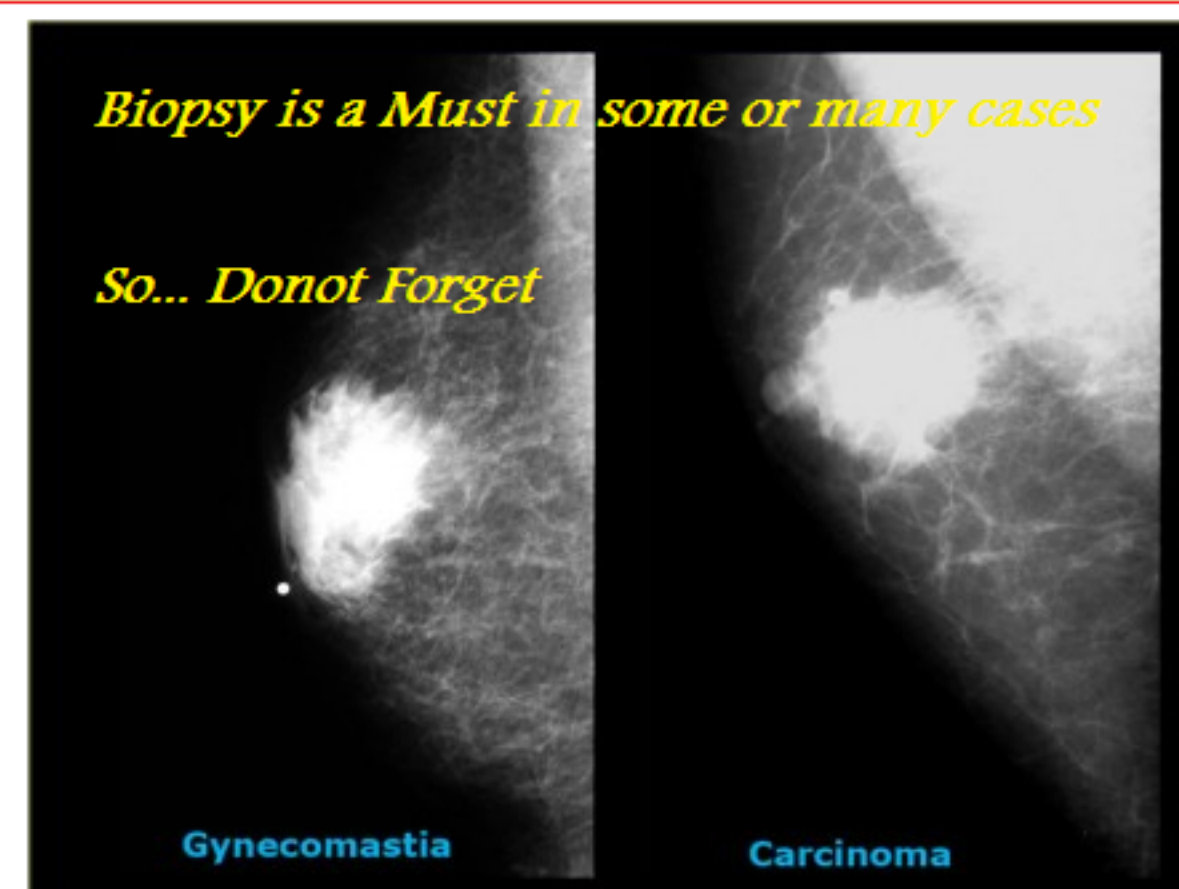
- Age 60's
- Soft or hard
- Mobile or fixed
- Usually painless
- Subareolar
 - Eccentric usually
- Unilateral usually
- Mass, large or small
- Large mass
 - Lobulated border
- Small mass
 - Spiculations

Conclusion

- male breast disease either presents as mass, pain or nipple discharge.
- Gynecomastia and invasive ductal cancer are the most common lesions in the male breast,
- & other rarer benign and malignant lesions.
- Gynecomastia and carcinoma can usually be differentiated,
- Biopsy is sometimes necessary to separate them.

Biopsy is a Must in some or many cases

So... Donot Forget



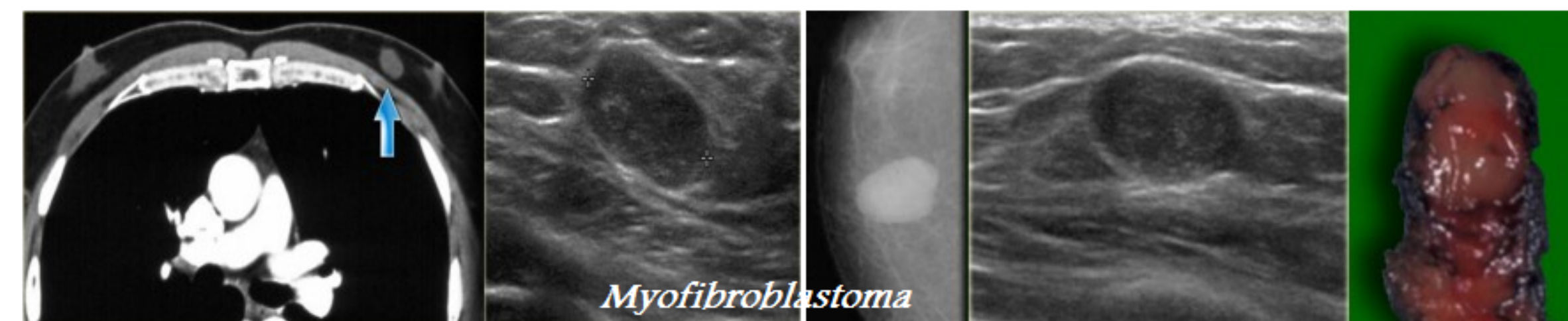
Benign Lesions

Lesions that do occur in man

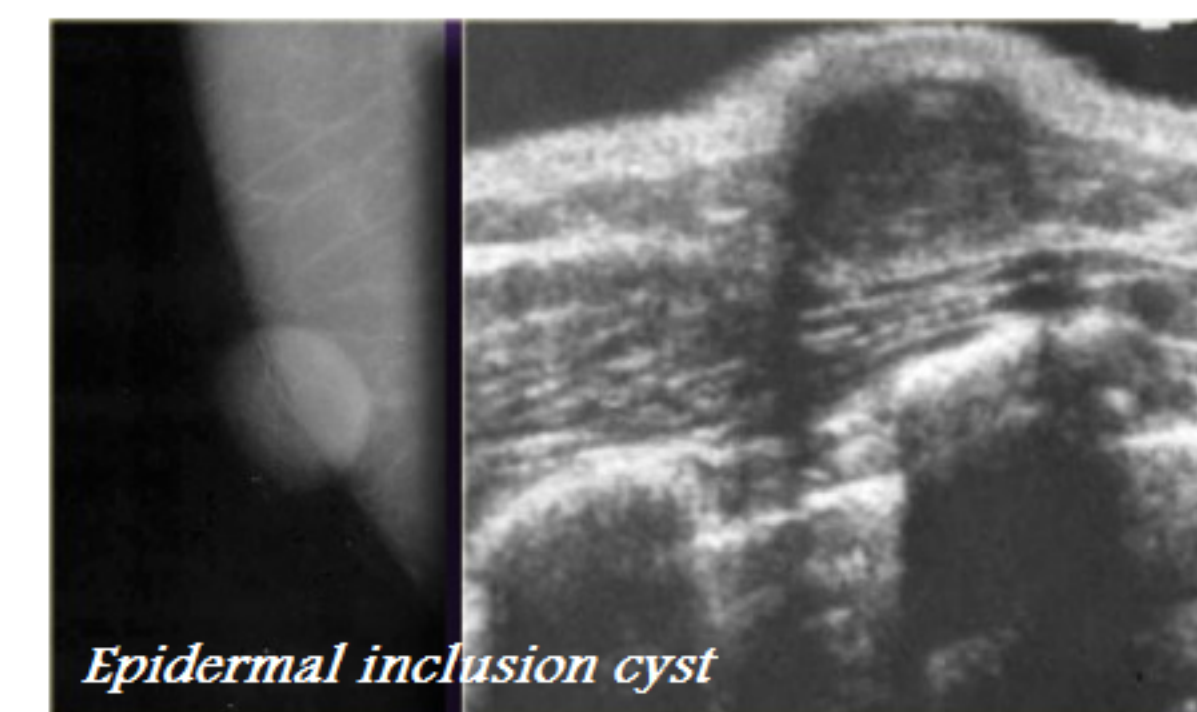
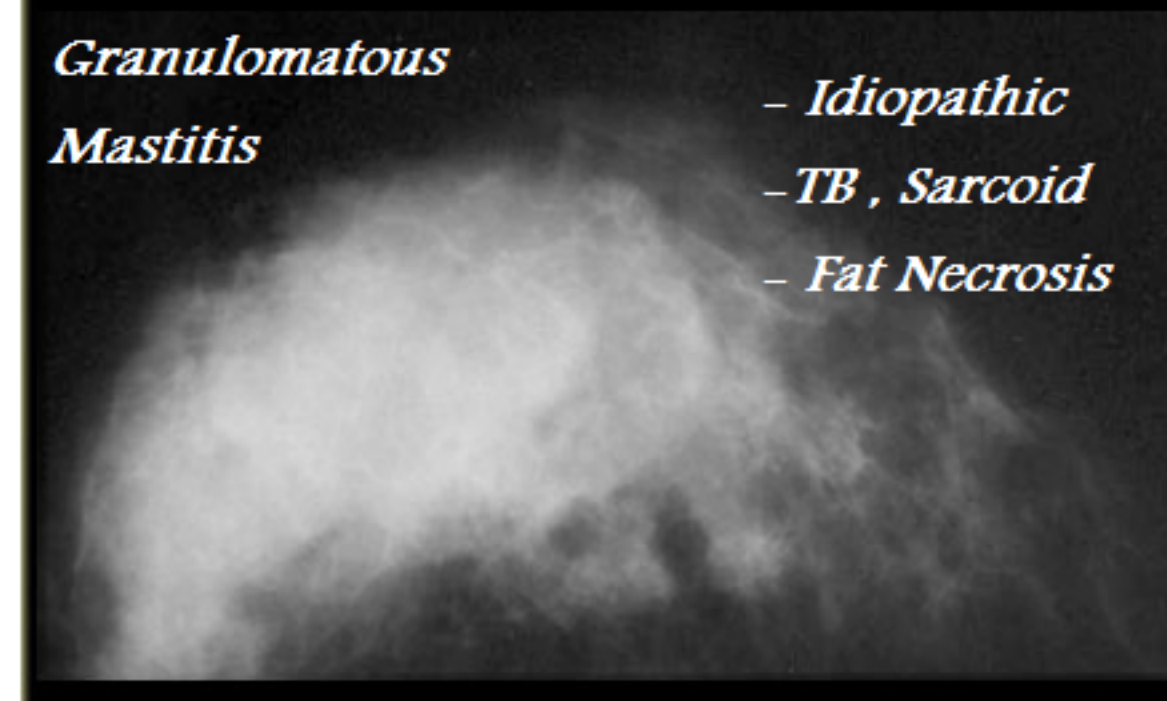
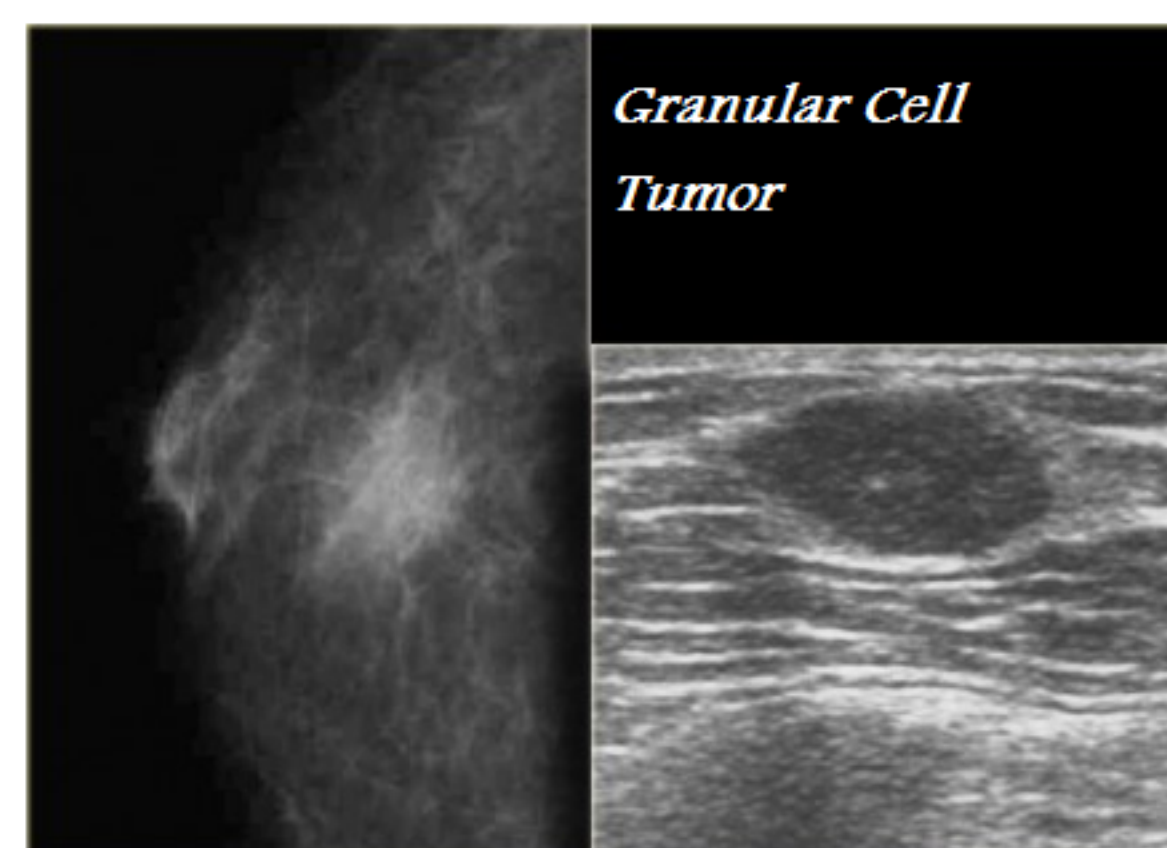
- Gynecomastia
- Pseudogynecomastia
- Papilloma
- Adenoma
- Myofibroblastoma
 - More common in men than women
- Granular cell tumor
- Fibrocystic change
- Diabetic mastopathy
- Epitheel inclusion cyst
- Cystic Lymphangioma
- Pleomorphic hyalinizing angioectatic tumor of soft parts
- Varix
- Leiomyoma
- Lipoma

When you get a biopsy result that says Fibroadenoma, get another pathologist.

in Male No lactation – No Adsenoma

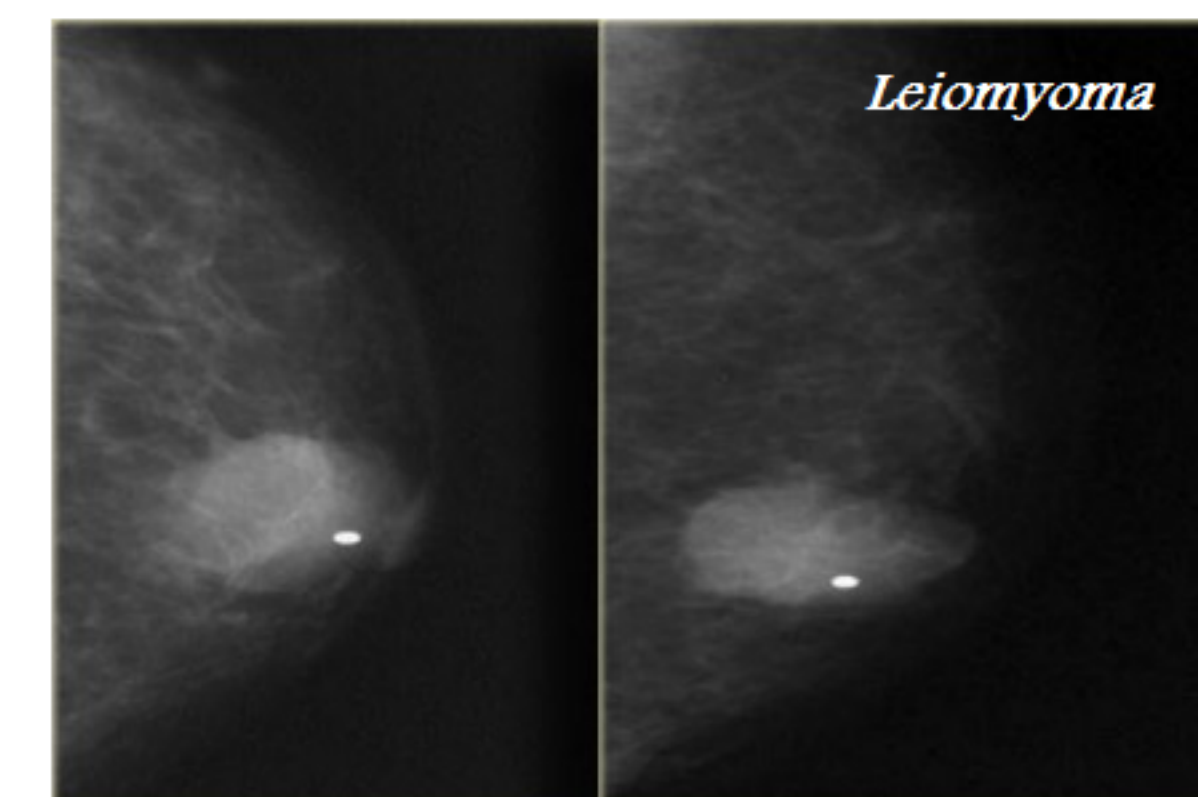


Well defined – non retroareolar – hypoechoic



Epidermal inclusion cyst

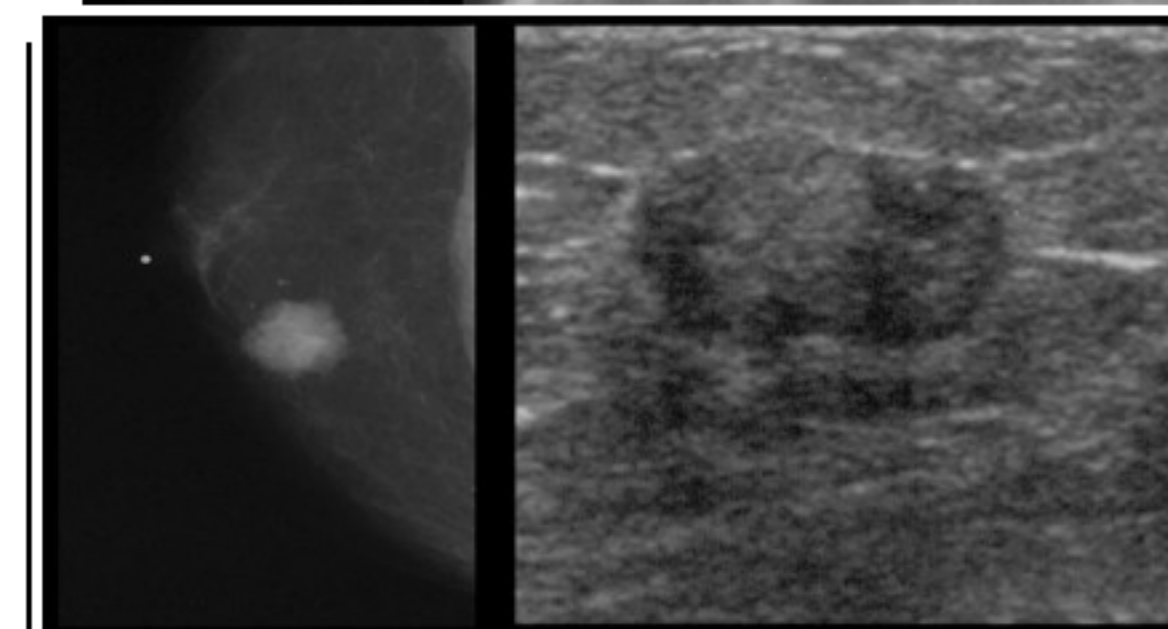
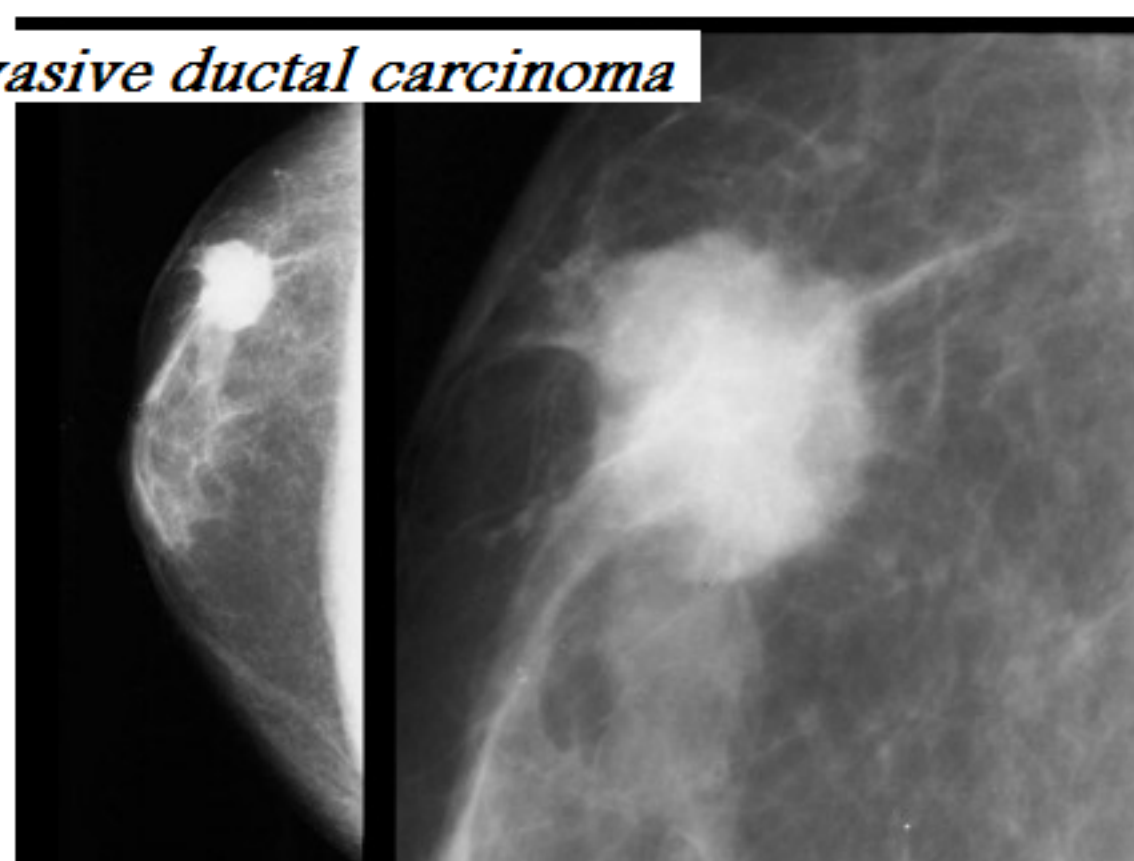
Skin Lesion – "Rising Skin"– Simple Cyst In T2W1



Leiomyoma

Male Breast Cancer

*** Invasive ductal carcinoma



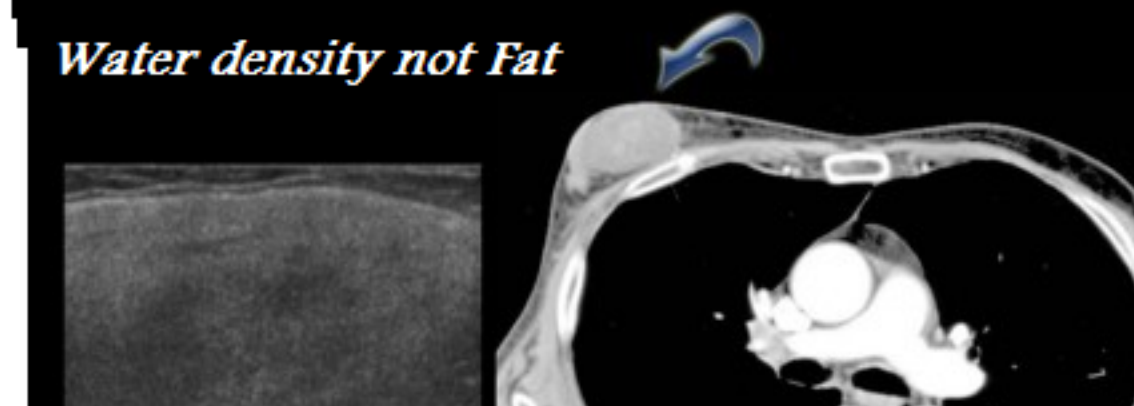
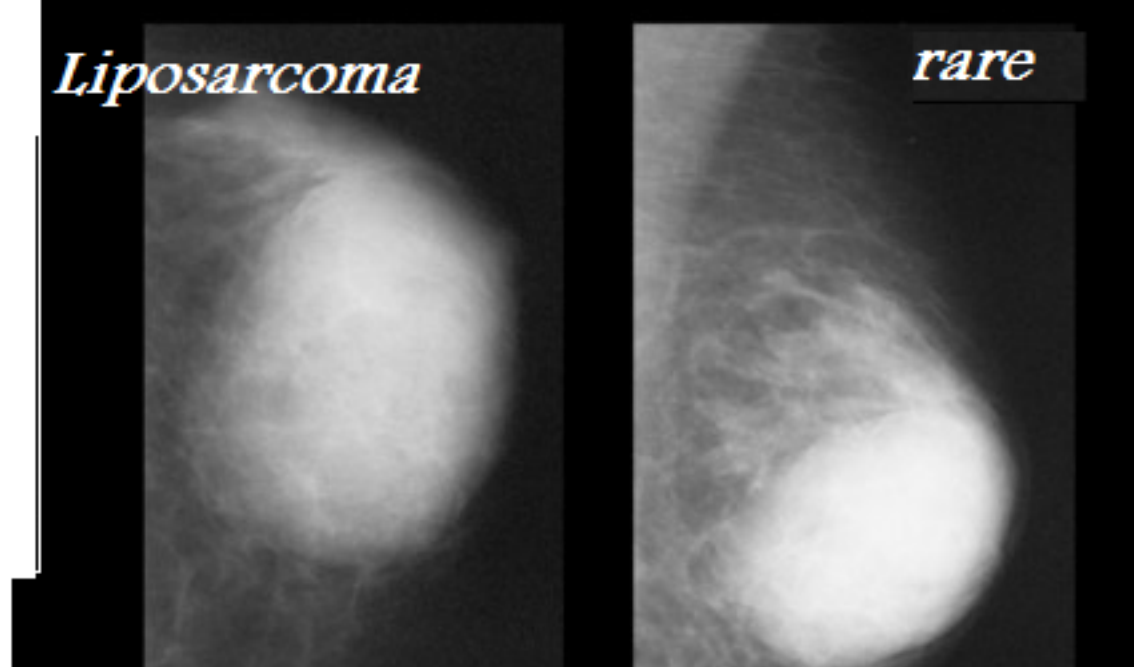
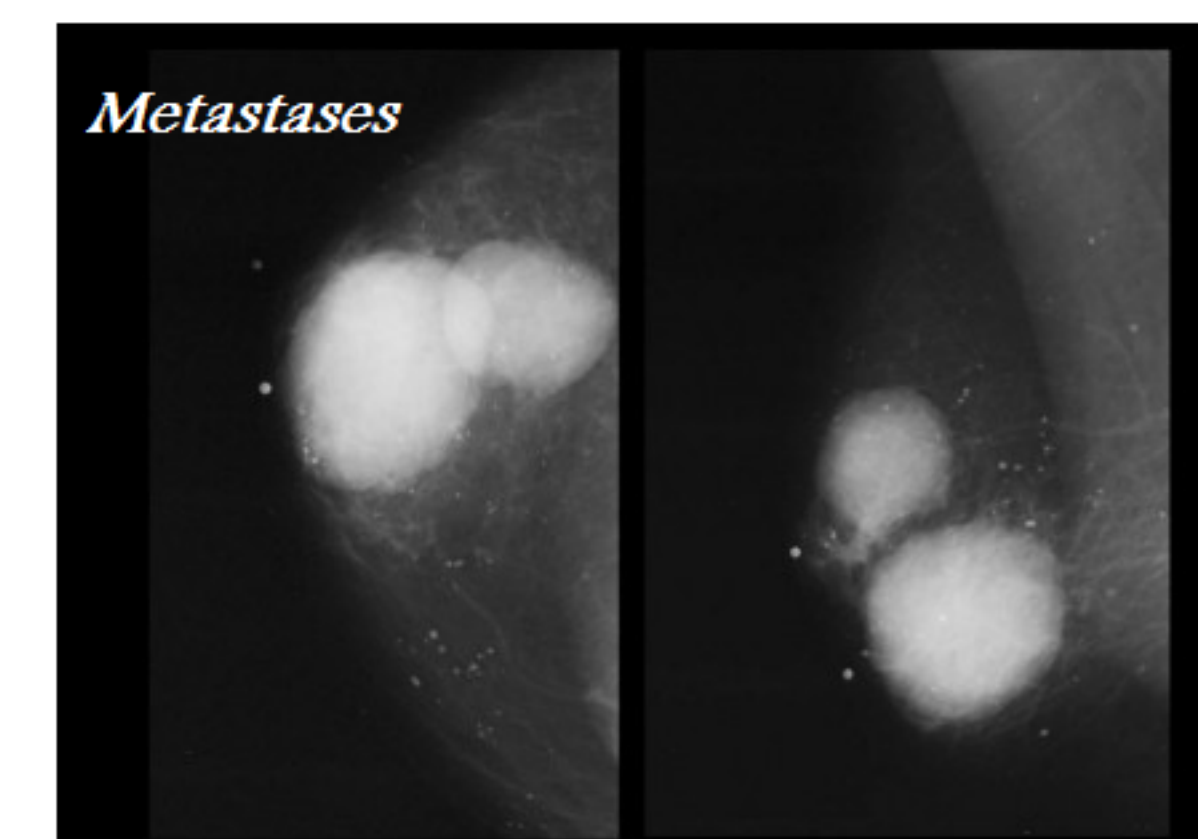
Male Breast Malignancies

- Infiltrating ductal carcinoma including special types
 - 93.7% invasive ductal (usually NOS)
 - 2.6 % papillary
 - 1.8% colloid
 - 1.5% lobular
- Liposarcoma
- Lymphoblastic lymphoma
- Metastasis

There is a long list of carcinoma risk factors and they are the same as in women:

- Advanced age
- Family history
- Jewish heritage
- Chest wall irradiation
- Hyperestrogenism
- Hyperthyroidism
- Exposure to hepatotoxi
- Occupational exposure to high heat (steel industry)
- BRCA 2 is seen in 4 - 16% of male breast cancer patients (40% in Iceland)
- Undescended testes
- Orchiectomy and orchitis
- Klinefelter's syndrome (47, XXY - 6% of all male breast cancer is in Klinefelter - 3% lifetime risk)

Metastases



Water density not Fat