Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · MEN'S HEALTH

Gynaecomastia

common, usually benign, and worth finding the cause

Gynaecomastia is enlargement of the glandular breast tissue in men, caused by a shift in the balance between oestrogen and testosterone. It affects most boys during puberty and a large proportion of older men. It is usually harmless — but a small number of cases point to something that needs treating.

Arrange prompt assessment if there is

- a **hard, fixed or irregular lump**, particularly to one side of the nipple
- **one-sided enlargement** that is rapidly progressing
- **nipple discharge**, especially if bloodstained
- **skin dimpling, nipple retraction** or an armpit lump
- breast enlargement with a **testicular lump or shrinking testicles**
- rapid onset with **weight loss, headaches or visual change**

Male breast cancer is uncommon but real, and is typically a hard eccentric lump rather than the soft symmetrical tissue of gynaecomastia. Rapid onset with testicular change may indicate a hormone-secreting testicular tumour. Both need examining rather than watching.

True gynaecomastia or fat?

True gynaecomastia is firm, rubbery glandular tissue felt as a disc directly beneath the nipple, often tender. **Pseudogynaecomastia** is fatty tissue without a distinct disc, related to weight, and improves with weight loss. The distinction matters because they respond to entirely different things — losing weight will not shift glandular tissue, and no amount of chest exercise removes either.

Common causes

- **Puberty** — affects most boys, usually settles within one to two years without treatment.
- **Older age**, with falling testosterone and rising body fat.
- **Medicines** — spironolactone, finasteride and dutasteride, cimetidine and omeprazole, some antipsychotics and antidepressants, calcium channel blockers, and treatments for prostate cancer.

- **Anabolic steroids and testosterone** — a very common cause in gym users, and often the reason for presentation.
- **Alcohol and cannabis**; opioids.
- **Liver disease, kidney disease, an overactive or underactive thyroid**.
- **Low testosterone** from any cause, and rarely hormone-secreting tumours.

If you use anabolic steroids

Anabolic steroids are converted to oestrogen, which is why gynaecomastia is so common in users — and once glandular tissue has formed it does not disappear when the cycle stops. Post-cycle products bought online are unregulated and frequently not what they claim. Please tell us honestly if this is the context; it changes what we test and what we advise, and nothing you say goes anywhere else. Stopping earlier gives a better chance of the tissue settling.

What assessment involves

- Examination of the breast tissue, and of the testicles — which should always be part of it.
- **Blood tests**: testosterone, LH, FSH, oestradiol, prolactin, hCG, liver, kidney and thyroid function.
- Review of every medicine, supplement and substance.
- **Ultrasound** where the tissue is asymmetric or a lump is felt, and mammography in some cases.
- Testicular ultrasound if the examination raises any question.

Treatment

Under 12 months

medication may still help

Over 12 months

tissue fibroses; surgery is the option

Puberty

usually settles without treatment

- **Treat the cause** — stop or switch the responsible medicine where possible, reduce alcohol, correct thyroid or testosterone problems. This alone resolves many cases if done early.
- **Medication** such as tamoxifen can reduce recent, tender gynaecomastia, and is most effective within the first year.
- **Surgery** — removal of the glandular disc, with or without liposuction — is the definitive treatment for established tissue, and is the only thing that works once it has become fibrous.
- Weight loss helps pseudogynaecomastia and improves the result of any surgery.

Why come to us. Most men wait years before raising this, and the useful window for non-surgical treatment is the first twelve months. We offer discreet men's health appointments seven days a week, with **the full hormone panel, liver, kidney and thyroid tests taken in-house** and results explained in the same visit, examination including the testicles, and **ultrasound performed on site**. Where surgery is the right answer, our plastic surgery team can advise, and every fee is published in advance.

Where to get help

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97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Men's Health Clinic** · **Blood Tests** · **Ultrasound Scans** · **Plastic Surgery** · **All patient leaflets**

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This leaflet is based on current NHS, NICE CKS and British Association of Urological Surgeons guidance on gynaecomastia. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.