

Gestational gigantomastia complicated with deep vein thrombosis

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Introduction

Gestational gigantomastia is a rare complication in pregnancy occurring in 1:28,000 to 1:11,8000 pregnancies [1]. The first case was reported by Palmuth in 1968 [1]. Gestational gigantomastia usually affects both breasts but rarely it can be unilateral [2]. It is known to resolve to near pre-pregnancy size following delivery however, could persist beyond pregnancy [1]. There is a 93% chance of recurrence in a subsequent pregnancy [1].

Case report

A 34 year woman in her third pregnancy presented at period of gestation of 20 weeks with progressive bilateral diffuse enlargement of breasts since 11 weeks of period of gestation (Figure 1). She also complained of left sided leg swelling of two weeks duration. Ultrasound of the breast showed large lobulated bilateral breast masses with increased vascularity. Doppler studies of the legs confirmed the presence of deep vein thrombosis of the left leg extending up to the external iliac vein. Hormone profile and thrombophilia screening was normal.

She was commenced on bromocriptine and low molecular weight heparin. Despite the medical management there was progressive breast enlargement with ulceration and sepsis. Because of this, bilateral total mastectomy including removal of axillary tails was performed at 24 weeks. (Figure 2). The right breast and axillary tail weighed 5.5 kg and 2.2 kg respectively. The left breast and axillary tail weighed 6.6 kg and 2.1 kg respectively. Histology confirmed gestational gigantomastia. Pregnancy was continued till term. She delivered a 2.6 kg baby girl vaginally at 37 weeks of gestation.



Figure 1. Gigantomastia with ulcerated axillary.



Figure 2. After the mastectomy.

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