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A Rare Cause of Pre-pubertal Gynecomastia

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Introduction

Pre-pubertal gynecomastia is a rare condition and some cases are due to excessive aromatase activity or estrogen producing adrenal or testicular tumors. Approximately, 5% of patients with testicular mass present with gynecomastia. Sertoli cell tumors (SCTs) account for 2% of pre-pubertal testicular tumors. SCTs are sporadic in 60% of the reported cases, while the remaining is a component of Peutz-Jeghers syndrome and Carney complex.

Objective

To describe a child with pre-pubertal Gynecomastia.

Case Report

A 6-year-old boy was referred with progressive bilateral breast enlargement for two years. There were no perioral lesions, chronic disease, intestinal symptoms, medication, or a family history of similar symptom. His height was 120cm and weight 25kg (both >75th percentile). He has bilateral gynecomastia (Tanner Stage-3) without axillary or pubic hair. His stretched penile length was 6 × 1.5cm and left testis was 6ml and right testis was 2ml. The bone age was 7 years, serum estrogen 30pg/ml, FSH 0.5mIU/ml and LH 0.2mIU/ml. Testicular ultrasonography and magnetic resonance imaging showed 15 × 15× 20mm cystic lesion in the left testis. Left high inguinal orchiectomy was done and excesional biopsy revealed a SCT with strong inhibin positivity. Gynecomastia regressed by the end of three months following the operation.

Conclusion

The presence of gynecomastia in a boy with rapid growth, advanced bone age and increase in testicular volume should raise the suspicion of SCTs.