



Case Report

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Bloody Nipple Discharge – An Alarm Sign with a Benign Cause



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Case Report

Bloody nipple discharge is an entity that rarely occurs in infants. It represents a Cause of stress and deep concern for the parents, Due to association with breast cancer in adults.

This symptom is commonly associated with the enlargement and hypertrophy of the glandular tissue and sometimes with duct ectasia. It seems to be the expression of impaired hormonal balance, which are linked to maternal hormones. It could be also produced by an increase of estrogen levels from external source. This external source might be represented by cosmetic products with estrogen, medication and we could even implicate food with high level of hormones. Our case represents a 15 months-old girl who arrived to the ambulatory with a history of bloody nipple discharge which she have been shown three times during the last month. The parent's didn't notice the moment of bleeding, but they found blood stains over the girl's underwear located in the left areola region. The girl did not had history of medication or trauma in this area. The girl's familial background revealed no history of breast cancer. Her growth and development were normal.

Physical examination revealed a healthy child with normal findings. The left breast's skin had normal aspect, no injuries or evident masses were found. The pressure over the areolar area was normal too. Therefore, we asked for breast ultrasonography which was performed some days later. T the results were normal, with no evidence of cysts or masses and the absence of Doppler signals excluded vascular abnormality. The parents brought the girl to the hospital one month later because she had had bloody nipple discharge the night before. The girl's underwear shown several stains of blood with converging tendency and apparently this time the discharge was larger. On account of this, we asked for a breast ultrasound, which had to be done within the next few hours under (12 hours of the moment of bleeding). The results this time reveal an increased mass of glandular tissue in the left breast region. We also asked for blood analyses, including cell blood counting, coagulation and hormonal profile.

01/2013

H=5.210.000/mmc, Ht=41,2%, Hb=14,1g%, MCV=79,2fL, MCH=27pg, MCHC=34,2g%, RDW=12,3%, L=11900/mmc

FL: N50.6%, Lf44,7%, Mo3%, Eo1%, B0,7%

Tr=215.000/mmc

TQ=100%, INR=0,93, APTT=33,7sg, Fibrinogen=297mg%

Urea=30mg%, Creat=0,51mg%, GOT=29U/L, GPT=16U/L, LDH=473UI/L, IgA=23mg%,

IgG=824mg%, IgM=82mg%, IgE=7,2UI/ml

FSH=2,6mUI/ml

LH=0,1mUI/ml

Prolactina=18ng/ml (4, 79-23,3)

Estradiol=57,8pg/ml

Progesterona=0,04ng/ml

Testosterona=0,03ng/ml

DHEA-S=6,99mcg%

This data proves the enlargement of the girl left breast glandular tissue has been caused by hyperestrogenism. As we previously commented, the girl did not had medical history or any application of cosmetic products over the breast region. Therefore, we considered that the hyperestrogenism could have been caused by the contamination of dietary intake, which in this case was targeted as chicken breast. Chicken is often injected with estrogen in order to get a larger breast chicken. The girl has consumed chicken breast on a daily basis, and these hormones were transferred to her body causing the bloody nipple discharge. The parents were advised to remove the chicken breast from the girl's diet. Two months later, the estrogen level was normal and the girl has not presenting more bleeding.

03/2013

FSH=2,5mUI/ml

LH=0,1mUI/ml

Prolactina=16ng/ml (4,79-23,3)

Estradiol=5pg/ml

Progesterona=0,05ng/ml

Testosterona=0,03ng/ml

DHEA-S=7,1mcg%

One year later, the girl keeps doing well, and her hormonal perfil is normal.

01/2014

FSH=2,6mUI/ml

LH=0,1mUI/ml

Prolactina=13,7ng/ml (4,79-23,3)

Estradiol=5pg/ml

In this case, our patient presented bloody nipple discharge caused by hyperestrogenism that produced an enlargement of the glandular tissue of her left breast. The analysis performed to the girl, showed an increase of the estrogen level, which origin was detected in the chicken breast the girl consumed on a daily basis. As a result, the levels of estrogen, as well as the hypertrophy of glandular tissue return to normal levels when the girl changed her diet after 2 months. To conclude, the etiology of bloody nipple discharge in infants is benign, though a cause of deep concern to the parents. We have considered the chicken is a disruptive endocrine factor. The children's are more vulnerable to these hormones and if they are highly consumed, they could develop clinical disorders.



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