

BEFORE REFERRING

History to include:

Prescribed medications

Recreational drug use

Current and previous alcohol consumption

+ Chest wall examination

DO investigate

Eccentric hard masses

Rapid enlargement

Recent onset in lean men >20 years old

Persistent painful gynaecomastia

Adolescents with:

Massive gynaecomastia

Persistent gynaecomastia, duration >18-24 months

DO NOT investigate

Adolescents with physiological pubertal gynaecomastia

Elderly men with senile gynaecomastia

Men with:

Drug related cause (prescribed medication or recreational drug use)
Full list of causative medications & drugs <https://bit.ly/2WeDPr9>

Fatty pseudogynaecomastia

⚠ Obvious breast cancer

Blood tests

9am testosterone

Thyroid Function Tests

Liver Function Tests

⚠ IF ABNORMAL test for

Luteinizing Hormone

Follicle Stimulating Hormone

Sex Hormone Binding Globulin

Albumin

Prolactin

Oestradiol

β-Human Chorionic Gonadotrophin

α-Fetoprotein

⚠ IF ABNORMAL (raised)



Testicular Ultrasound Scan

GPs - When & where to refer

⚠ Abnormal endocrine (hormonal) or liver function blood results

Refer to Medical Endocrinology Clinic

⚠ Abnormal βHCG or αFP blood results or abnormal finding on testicular USS

Refer to Urology Clinic urgently

⚠ In the presence of the following clinical scenarios, a referral directly to the local breast unit may be considered

1. Clinical suspicion of malignancy

>50 year old man with unilateral firm sub-areolar mass with or without nipple discharge or with associated skin change

Bloody nipple discharge

Unilateral ulceration of the nipple

⚠ Urgent referral is appropriate

2. Unilateral lump with

Increased risk - Family history or genetic conditions e.g. Klinefelter's Syndrome

No obvious physiological or drug cause

3. Persistent painful gynaecomastia

>6 months with normal blood tests

Referral directly to the Breast Unit