



BILATERAL GESTATIONNAL MACROMASTIA ABOUT ONE CASE

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Gigantomastia of pregnancy is a pathological breast hypertrophy resulting from a monstrous evolution of epithelial hyperplasia occurring during pregnancy. It poses a problem of etiological diagnosis and management of the pregnancy and puerperium. The aim of this article is to discuss the different physiopathological, etiopathogenic and diagnostic mechanisms, as well as possible therapeutic strategies.

Gigantomastia of pregnancy is a benign and rare condition of undetermined etiology. It could be due to a hormonal imbalance, a reduction in catabolism or hypersensitivity of the target organ.

Indeed, most cases of gigantomastia occur in a context of hormonal inflation (pregnancy or puberty), including mechanical and psychological complications linked much more to the excessive weight and volume of the breasts, generally effective surgical treatment is required in most cases.

OBSERVATION

32-year-old patient, biscalred uterus, mother of two living children born by cesarean section aged six and three years, without any particular pathological history.

She consulted, at 13 weeks of amenorrhea (SA), for a bilateral increase in breast volume that appeared suddenly with a sensation of breast pain of tension and heaviness. The clinical examination showed large, hypertrophied, warm, erythematous breasts and small skin ulcerations.

The skin was tight, red and swollen.



Ultrasound Finds: A non-progressing intrauterine pregnancy of 13 weeks + 4 days, persistence of gigantomastia postpartum after aspiration of the pregnancy stopped. Hence the recourse after four months to a bilateral surgical breast reduction leading to satisfactory results on a clinical and aesthetic level.

DISCUSSION

Gigantomastia is an exuberant breast hypertrophy, a moderate and usual hypertrophy during pregnancy. Gigantomastia of pregnancy is rare, it is most often bilateral, as is the case in our observation.

CONCLUSION

Gigantomastia of pregnancy is a rare pathology for which no series is available and whose etiology remains very controversial today.

Medical treatment is not very effective; frequent recurrences after surgical breast reductions sometimes justify the immediate indication of mastectomy.

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