



CODEN [USA]: IAJPB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF  
PHARMACEUTICAL SCIENCES**Available online at: <http://www.iajps.com>**Case Report****A CASE REPORT ON DRUG INDUCED GYNACOMASTIA****Sreeram vandavasi guru<sup>\*1</sup>, G. Ramya Sree<sup>1</sup>, P. Vinod Kumar<sup>1</sup>,  
P. Gowtham Reddy<sup>2</sup>.**<sup>1,\*1</sup> Pharm D internship, Rajiv Gandhi Institute of medical sciences (RIMS), PRRMCP, Kadapa, India -516003.<sup>2</sup> Assistant professor, Dept. of Pharmacy Practice, PRRMCP, Kadapa, India- 516003.**Abstract:**

*Gynecomastia is a rare condition in males with a symptom of enlarged breast tissue size. It is generally caused by altered ratio of estrogens to androgens in the male individuals. A cause includes several diseases and nearly 25% is associated with drugs. A mostly used drug that causes gynecomastia includes spironolactone, amlodipine, TCAs, and ketoconazole. It is a rare side effect. But it has an occurrence of 1% in amlodipine and 1.2% in spironolactone. Diagnosis is majorly done by presence of symptoms like increased breast tissue, and it should be differentiated with pseudo disease, and the increasing nature may be of one side or on both side of individuals. Presence of prolactin secreting tumor may induce milk ejection from male breasts. Mostly it is resolved within one to two months of discontinuation of suspected drug. Mastectomy is the only surgical procedure where the increased breast tissue is removed. Drugs like aromatase inhibitors, estrogen receptor modulators can also be used, but has no clinical practice in males.*

**Corresponding author:**

**Sreeram vandavasi guru,**  
Dept. of Pharmacy Practice (Pharm D),  
Rajiv Gandhi Institute of Medical Sciences (RIMS),  
P. Rami Reddy Memorial College of Pharmacy,  
Kadapa, Andhra Pradesh, India -516003.  
EMAIL ID: [sreeramguru26@gmail.com](mailto:sreeramguru26@gmail.com)  
MOB.NO: 7337275667

QR code



Please cite this article in press as Sreeram vandavasi guru *et al.*, A Case Report on Drug Induced Gynecomastia, *Indo Am. J. P. Sci.*, 2017; 4(12).

**INTRODUCTION:**

Gynecomastia is a rare endocrine disorder having an increased size of breast tissue in males [1]. Mostly it is caused by klinefelter syndrome, cancers, endocrine disorder, metabolic dysfunction, and some medicines [2]. Sometimes it is also associated with diseased state. A study states that nearly 70% of adolescent boys are affected [4] and 75 among them are self resolved without any medication within a span of 2 years [3].

An ADR can be defined as a noxious or unintended reaction that occurs at a normal dose i.e., used for diagnosis, prevention or for a treatment. Gynecomastia is a result of altered estrogen and androgen ratio in males [4]. Estrogens act as a hormone in increasing the size of male breast tissue [5]. Most of the causes are unknown<sup>6</sup> but drugs are a cause in 10-25% of patients with gynecomastia [7].

**Table 1: List of some of the drugs that cause gynecomastia**

Antiandrogens	Bicalutamide, flutamide, finasteride, dutasteride
Antihypertensive	Spironolactone
Antiretroviral	Protease inhibitors (saquinavir, indinavir, nelfinavir, ritonavir, lopinavir), reverse transcriptase inhibitors (stavudine, zidovudine, lamivudine)
Environmental exposure	Phenothrin (antiparasitical)
Exogenous hormones	Oestrogens, prednisone (male teenagers)
Gastrointestinal drugs	H2 histamine receptor blockers (cimetidine)
Antifungal	Ketoconazole (prolonged oral use)
Antihypertensive	Calcium channel blockers (amlodipine, diltiazem, felodipine, nifedipine, verapamil), diuretics (spironolactone).
Antipsychotic generation)	(first Haloperidol, olanzapine, paliperidone (high doses), risperidone (high doses), ziprasidone

Typical symptoms include breast enlargement with soft, subcutaneous chest palpated in soft fatty tissue [8] and may be on one side or both [6]. Individual with prolactin secreting tumor may have a symptom of milk secretion [4]. Patient may also feel anxious and stress [5].

Diagnosis of gynecomastia is generally a subjective. But a physician should rule out pseudogynecomastia may be of a fatty tissue<sup>4</sup>. Generally it is divided into 4 grades:

- Grade I: Minor enlargement, no skin excess
- Grade II: Moderate enlargement, no skin excess
- Grade III: Moderate enlargement, skin excess
- Grade IV: Marked enlargement, skin excess [9].

Treatment generally includes the use of aromatase inhibitors, estrogen receptor modulators [10] and May involves surgery like mastectomy [9].

Amlodipine is a calcium channel blocker used for treatment of hypertension. It causes gynecomastia in 0.1-1% of treated individuals [11]. The exact mechanism of gynecomastia is unclear in calcium antagonists [12]. Spironolactone induces gynecomastia by decreasing testosterone production, increasing peripheral conversion of testosterone to estradiol, and displacing estradiol from sex hormone-binding globulin [13]. The Boston Collaborative Drug Surveillance Program reported a 1.2% prevalence of gynecomastia among 164 hospitalized patients (20.8%) experiencing adverse events (out of 788) treated with spironolactone [14].

Here we present a case report on gynecomastia induced by amlodipine and spironolactone.

**CASE REPORT;**

A 39 years male patient was admitted in general surgery Dept. with chief complaints of swelling over right breast since 15 days, swelling with small in size before 2 months and gradually attained this size. He was a known hypertensive since 2 years under regular treatment with T. amlodipine 5mg od, T.

atorvastatin of 10mg od, T. pantop of 40mg od. At the time of diagnosis he had BP of 160/100 mmhg. Since 3 months he had complained of edema of legs. So he was treated with same medication along with T. lasix of 20mg and spironolactone of 25mg once daily. He was a mixed diet habit, alcoholic and non smoker. Now he had BP of 130/90 mmhg, and all other vitals and lab findings were normal. He was diagnosed as drug induced gynecomastia and he was advised with mastectomy. After the day of surgery he was treated with in. ceftriaxone of 1gm bd, inj. Diclofenac of 75mg bd, inj. Rantac of 50mg bd. After 6 days he was treated with same medication and on seventh day he was discharged with T. cefixime of 200mg bd, tab. diclofenac of 50mg bd, and t. rantac of 150mg.

### ADR ANALYSIS:

Casualty:

WHO-UMC: probable

Naranjos assessment: possible

Severity assessment: level 4(b) moderate.

Predicatability: type A reaction.

Preventability: moderately preventable.

### CONCLUSION:

This case highlights that anti hypertensive treatment including calcium channel blockers, spironolactone may lead to rare effect of gynecomastia. Therefore, physicians should carefully observe patients and discontinue causative agents if any symptoms are observed. This case highlights the rare chances of occurrence of adverse reactions to the drugs, so a physician should monitor the individual throughout a therapy.

### REFERENCES:

- 1.Niewoehner, CB; Schorer, AE (March 2008). "Gynaecomastia and breast cancer in men". *BMJ* **336** (7646): 709–713
- 2.Johnson RE, Murad MH (November 2009). "Gynecomastia: pathophysiology, evaluation, and management". *Mayo Clinic Proceedings*. **84** (11): 1010–1015.
- 3.Shulman, DI; Francis, GL; Palmert, MR; Eugster, EA; Lawson Wilkins Pediatric Endocrine Society Drug and Therapeutics Committee (April 2008). "Use of aromatase inhibitors in children and adolescents with disorders of growth and adolescent development". *Pediatrics*. **121** (4): e975–983.
- 4.Narula HS, Carlson HE (August 2014). "Gynaecomastia-pathophysiology, diagnosis and treatment". *Nat Rev Endocrinol*. **10** (11): 684–698
- 5.Cuhaci N, Polat SB, Evranos B, Ersoy R, Caki B (19 March 2014). "Gynecomastia: Clinical evaluation

and management". *Indian J Endocrinol Metab*. **18** (2): 150–58.

6.Devalia HL, Layer GT (April 2009). "Current concepts in gynecomastia". *Surgeon*. **7** (2): 114–19.

7.Deepinder, Fnu; Braunstein, Glenn D (2012). "Drug-induced gynecomastia: an evidence-based review". *Expert Opinion on Drug Safety*. **11** (5): 779–795.

8.Chau, A; Jafarian, N; Rosa, M (February 2016). "Male Breast: Clinical and Imaging Evaluations of Benign and Malignant Entities with Histologic Correlation". *The American Journal of Medicine (Review)*. **129** (8): 776–91.

9.Wollina, U; Goldman, A (June 2011). "Minimally invasive esthetic procedures of the male breast". *Journal of Cosmetic Dermatology*. **10** (2): 150–155.

10.Deepinder F, Braunstein GD (2012). "Drug-induced gynecomastia: an evidence-based review". *Expert opinion on drug safety*. **11** (5): 779–795

11.Product Information. Norvasc (amlodipine).Pfizer US Pharmaceuticals, New York, NY.

12.Tanner LA, Bosco LA. Gynecomastia associated with calcium channel blocker therapy. *Arch Intern Med*. 1988;**148**:379–380.

13.Mosenkis A, Townsend RR. Gynecomastia and antihypertensive therapy. *J Clin Hypertens (Greenwich)*2004;6(8)469-470.

14.Greenblatt DJ, Koch-Weser J. Adverse reactions to spironolactone. A report from the Boston Collaborative Drug Surveillance Program. *JAMA*. 1973;**225**: 40–43.