

GIANT NEONATAL MASTAUXE

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ABSTRACT

Towards the end of pregnancy, falling levels of maternal estrogen triggers prolactin secretion in the newborn leading to stimulation of breast tissue. This can cause breast enlargement in the newborn. It is called Giant neonatal mastauxe when $>3\text{cm}$. There can also be milk secretion ("witches milk").

Neonatal breast enlargement is a self-limiting condition but complications such as mastitis and abscesses can occur necessitating oral or parenteral antibiotics and surgical drainage.

Parents should be discouraged from practices that lead to complications such as breast squeeze/massage.

keywords: Neonate, Giant, Mastauxe, Breast

CASE REPORT

A 1 month-old boy presented with bilateral breast enlargement. He was born at term at a Traditional birth attendant's home. He was feeding well and had an otherwise normal post natal period. Mother noticed enlarged breast tissue 2 weeks prior to presentation and had continually massaged it. There was progressive increase in size of the breasts.

Examination revealed bilateral markedly enlarged breast measuring 8cm in diameter with firm consistency. Left breast showed reddish skin discoloration and slight tenderness, with no fluctuance. There was scanty bilateral milky discharge. Vital signs were normal.

Patient received oral amoxicillin-clavulanate and inflammatory symptoms resolved after 10 days. Mother was counseled not to massage the breast and continue breastfeeding with follow-up every 2 weeks until resolution of symptoms.



Fig1: 1 month old male with Giant Neonatal mastauxe

DISCUSSION

Towards the end of pregnancy, falling levels of maternal estrogen triggers prolactin secretion in the newborn¹. This leads to stimulation of breast tissue causing increased size and possible milk secretion (witches milk)². Neonatal breast enlargement is a common condition and usually occurs in term neonates. Giant neonatal mastaxue has been referred to as neonatal breast bud > 3 centimeters³.

Mastitis is evident when there are signs of inflammation such as hyperemia and tenderness. This can progress to an abscess. Ultrasound may be necessary to distinguish a mastaxue from mastitis and breast abscess.⁴ The later requires oral or parenteral antibiotics targeting Staphylococcus aureus which is the most common organism isolated⁵. Abscesses may require surgical drainage.

Neonatal breast enlargement is self-limiting, resolving in a few weeks and requires parenteral reassurance and observation³. Complications like neonatal mastitis and abscess are frequently encountered when the breast is massaged as seen in this case and this practice should be discouraged and parents counseled.⁶

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