INTERNAL MEDICINE

□ PICTURES IN CLINICAL MEDICINE □

Unilateral Gynecomastia in a Young Adult

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Key words: gynecomastia, mediastinum

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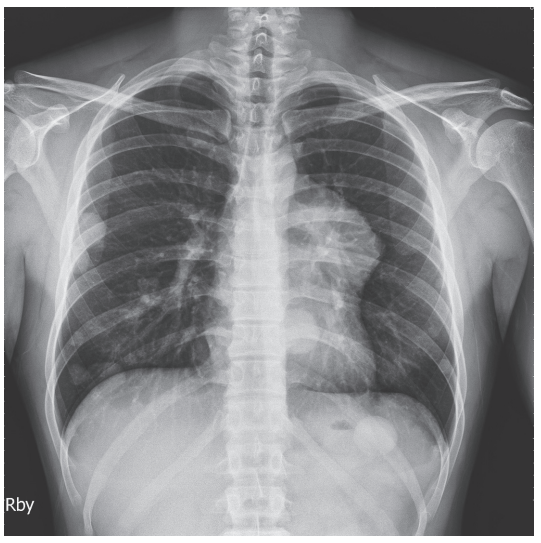
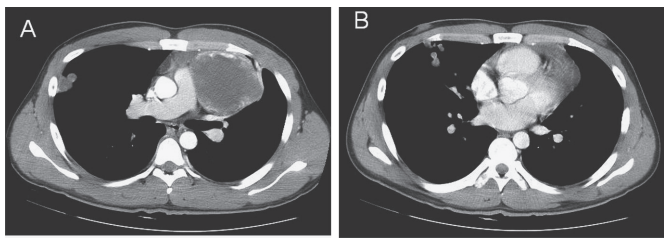


Picture 1.

A 28-year-old previously healthy male non-smoker presented with left breast pain for 6 days. He also reported left chest pain and cough for 3 weeks. Physical examination disclosed a tender, elastic subareolar mass concentric to the left nipple without skin dimpling, nipple retraction, or discharge. A chest radiography showed anterior mediastinal mass with multiple lung nodules and masses (Picture 1). A computed tomography revealed a 9 cm anterior mediastinal mass, enlarged left breast glandular tissue, and multiple peripheral pulmonary nodules and masses (Picture 2). Blood tests showed beta-hCG more than 200,000 mIU/mL, estradiol 230 pq/mL, testosterone 5.91 ng/mL, SCC 0.5 ng/mL, AFP 1.13 ng/mL, and CEA 2.06 ng/mL. An ultrasound-guided biopsy



Picture 2.

confirmed a diagnosis of primary mediastinal choriocarcinoma after testicular sonography showed normal. Within the period of study, the tumors progressed rapidly in size. He was transferred to the oncology department for scheduled chemotherapy with etoposide, bleomycin, and cisplatin.

Primary mediastinal germ cell tumors are rare, and choriocarcinoma arising in the mediastinum is exceedingly rare (1). Patients with mediastinal choriocarcinoma are generally young men. Gynecomastia and high beta-hCG are unique presentations (2). The prognosis of primary mediastinal choriocarcinoma is still very poor despite the introduction of combination chemotherapy including cisplatin.

The authors state that they have no Conflict of Interest (COI).

References

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