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Cultural gynecomastia in the 21st century India: “Witch's milk” revisited



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ABSTRACT

Despite the common cultural practice of expressing breast milk in neonates, the resulting gynecomastia is rarely reported probably because it is considered benign and short lasting. To determine the clinical course of gynecomastia–galactorrhea resulting from the cultural practice of expressing breast milk, we performed a retrospective analysis of data of 20 infants (14 girls) diagnosed as cultural gynecomastia at a tertiary care pediatric hospital over the past decade. The mean age at presentation and at the time of first noticing was 8.0 ± 9.3 months (range 0.25–27 months) and 54.6 ± 93.9 days (range 2–365 days) respectively. The average duration of breast manipulation was 39.0 ± 66.9 days (range 3–270 days). All infants cried during the process of breast manipulation. The mean age at complete resolution was 16.9 ± 8.9 months (range 4–36 months). Gynecomastia resulting from the cruel cultural practice of milking of neonatal breasts exists in modern times and may persist for long time during infancy.

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Introduction

Enlargement of breasts occurs in approximately 70% of normal neonates and is considered physiological [1]. It is probably caused by hyperprolactinemia secondary to the falling levels of maternally transferred estrogens in the neonate [1]. The breast enlargement may considerably vary in size but the palpable breast tissue (PBT) usually measures <2 cm [2]. Hyperprolactinemia may also stimulate the

breasts to produce milk commonly referred to as “Witch's milk” [3]. These two physiological phenomena of breast enlargement and milk secretion are usually self limited but may sometimes persist till 2 months of age [4, 5]. However, repeated manual emptying of glands may result in continued milk secretion for up to 24 weeks, and significant increase in PBT which may persist for a variable period during infancy [5, 6]. Although manual expression of breast milk is common in many countries as an unhealthy cultural practice that probably had its origin from the superstitions

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related to witch's milk [6–9], reports on the clinical course of the resultant gynecomastia and/or galactorrhea are rare [6]. Also, it is not known if the PBT regresses completely or residual gynecomastia persists. With an aim to understand their presentation and follow up course, we retrospectively analyzed the clinic records of children diagnosed to have this condition at our center.

Materials and methods

Cultural gynecomastia was defined as the occurrence of bilateral gynecomastia (average PBT >4 cm diameter) and/or galactorrhea as a result of cultural practice of milking of breasts of neonates of either sex [6, 9]. Data regarding the age at the time of noticing by parents and at diagnosis, number of days and reasons (custom/belief) of breast manipulation, diameter of PBT at presentation, pigmentation of areola and nipples, hormonal profiles if available, age at complete resolution, and presence of residual gynecomastia if any, were extracted from the clinic files. Those with unilateral gynecomastia, any evidence of infection or nipple discharge other than milk and a known etiology for prepubertal gynecomastia [10] were not included in the analysis. The educational and socioeconomic status (SES) of parents was recorded.

Results

Twenty children who attended the Pediatric Endocrinology Clinic of our tertiary care teaching hospital located in Northwest India, between April 2004 and April 2015 were diagnosed to have cultural gynecomastia. Girls (14, 70%) outnumbered boys. The mean age at presentation was 8.0 ± 9.3 months (range 0.25–27 months) and at the time of first noticing by parents were 54.6 ± 93.9 days (range 2–365 days). The reasons for seeking medical advice were non-resolution of gynecomastia/galactorrhea, social embarrassment or parental anxiety regarding some underlying problem. The average duration of breast manipulation was 39.0 ± 66.9 days (range 3–270 days). The exact reason for breast squeezing was not known to most mothers (14, 70%) who just followed the grandmother or the midwives' advice blindly and performed this like a customary practice. Others (6, 30%) tried to suggest that they followed the custom due to the prevalent belief that breasts will not become prominent at the time of puberty which is considered indecorous in large families. The process of breast manipulation to express milk was considered to cause pain as crying during the process occurred in all infants. The mean PBT diameter at presentation was 4.4 ± 0.4 (range 4–6 cm) on either side (Fig. 1). Pigmentation of areola and nipple was not seen in any patient. Galactorrhea was present in 15 (75%) patients. Hormonal profiles were obtained in 10 patients only, mainly on parental insistence. The mean levels of luteinizing hormone (LH), follicle stimulating hormone (FSH), estradiol (E2) and prolactin (PRL) were 0.71 ± 1.8 mIU/mL (range 0.1–5.8 mIU/mL, normal 0.02–0.3 mIU/mL), 4.9 ± 3.4 mIU/mL (range 2.61–14.3 mIU/mL,

normal 0.26–4.2 mIU/mL), 14.2 ± 14.8 (range 5.0–49.5, normal <30 pg/mL), and 17.8 ± 10.8 ng/mL (range 7.7–39.4, normal 3–24 ng/mL) respectively. No intervention other than a firm advice to stop expressing milk was done in any patient. Repeat hormonal estimations after 3–6 months in 3 children with abnormal initial results (LH 2, FSH 2, E2 1, PRL 3) were within normal ranges. The mean age at complete resolution was 16.9 ± 8.9 months (range 4–36 months). The mean duration of follow up was 25.1 ± 11.9 months (range 12–55 months). Nine (45%) families belonged to lower, 10 (50%) to middle and 1 (5%) to upper SES. All mothers were educated up to primary (6, 30%), high school (4, 20%), secondary school (5, 25%), and graduation (3, 15%) or post graduation (2, 10%).

Discussion

The cultural practice of manipulation of the newborn baby's breasts to express what is popularly called Witch's milk, is centuries old [3]. The twin phenomena of neonatal breast enlargement and milk secretion were first recorded in the 17th century at a time when superstitions prevailed over reasoning [3]. According to one superstition, some women were accused of having sold their souls to Satan in return for the gift of supernatural powers and were referred to as witches and believed to victimize babies by suckling their mammary glands and leaving the "Witches' marks". The custom of expressing milk from the neonate's breasts probably originated from the lingering superstitions regarding witch's milk [3]. Midwives and grandmothers believed that if witch's milk were not frequently and thoroughly expressed from the baby's mammary glands, it would be stolen by witches and goblins. Another belief was that the formation of milk from the babies' breasts was induced by evil spirits, goblins, or imps to provide themselves with a source of nourishment, and that this bad milk must be sucked out [3]. In India, it is a customary practice to milk a neonate's breasts everyday from the age of 7 days up to the age of 7 weeks or until milk ceases to be expressed [6, 9]. It is believed that this expression of milk in the neonatal life does not allow the breasts to become prominent before the popular age for arranged marriage. Large breasts at an earlier age (usual age of onset of puberty) are considered inappropriate in extended Hindu families [9]. While this harmful cultural practice became extinct from the developed countries after the advent of modern science, it persists in the less developed countries even today [3, 6–9]. In a study from Jamaica on cultural beliefs and practices, squeezing of neonatal breasts to express milk was practiced by 52.2% of mothers [7]. In a recent series from North India, a prior history of manual expression of breast secretions was recorded in 15 out of 32 neonates who developed mastitis or breast abscesses [8]. Other authors from India have referred to this as a common practice especially in rural areas [11, 12]. Parents seek medical advice only if the gynecomastia/galactorrhea does not regress as expected, feel social embarrassment of having an infant with enlarged breasts, or develop anxiety about an underlying problem. Our patients also were brought after an average gap of

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