

PS1.232

Breasts are also important to men. Cannabis smoking and anabolic steroids in gynecomastia. Two case reports in primary care

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in this article, we will be describing two cases of bilateral gynecomastia without galactorrea and analyze: the context, causes, and primary prevention.

Patient X. E. is a 24-year-old man with a palpable left breast mass, that was eventually discarded by ultrasound as a concentration of liquid. X. E. has been taking anabolic steroids since 2013 and shows signs of hypogonadism, hypertension, high cholesterol levels and possibly vigorexia. The endocrine study shows, in comparison to normal values, X.E. experiences slightly higher Testosterone (T) levels, and a low T/Estradiol (E2) ratio. Furthermore, significantly low levels of Lutotropina (LH) and Folitropina (FSH) levels were detected.

Patient O.A. is a 40-year-old man with palpable bilateral breast masses, which was ultimately discarded by ultrasound. O.A. has smoked approximately one or two cannabis cigarettes daily for a number of years. Recently, while cutting down on tobacco and cannabis intake, he has presented a slight increase in cholesterol meanwhile maintaining correct IMC and blood pressure levels. The hormone study illustrates that O.A. has slightly high Androstendiona (A) levels and normal T, LH, FSH, Prolactine (P) and E2 levels.

Cannabis smoking and anabolic steroids are associated with gynecomastia, yet studies analyzing this problem, and the evidence of a causal link, are very few and insufficient. Due to the raise in cases in our health area, we are developing a protocol to tackle the issue of gynecomastia in primary care while raising awareness of the business it creates for the exercise and drug industries through the implementation of an educational program at high schools.