Recurring Painful Ectopic Gynecomastia in a Young Male - A Case Report
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Painful lumps in the axillary area are relatively common and could normally be brought about by several etiologies, more commonly, lipomas, fibroadenoma, hidradenitis suppurativa, lymphoma, or breast cancer. However, recurring painful ectopic gynecomastia in the axillary area of a male patient is of rare occurrence with only few reports in the literature. Here, we report a case of a 25 year old male, who presented to our clinic due to recurring painful right axillary mass. He denied any prior history of trauma, infection, breast mass, or previous lymphadenopathy; decrease in libido nor erectile dysfunction. The mass appeared to be truly subcutaneous at the interface of skin between the superior axilla and the medial arm. Breast exam did not reveal any palpable masses nor abnormalities. Ultrasonography of the right axillary region revealed findings that may represent an accessory axillary breast tissue and histological evaluation revealed an accessory breast tissue with gynecomastia. For such cases, individual treatment requirements can range from simple reassurance to medical treatment or even surgery, all depending on the possible etiology. Due to the diversity of possible etiologies, performing a careful history and physical examination is imperative and the need for hormonal evaluation is warranted to be able to arrive at a certain diagnosis.

Reproductive Endocrinology
MALE REPRODUCTIVE HEALTH
Safety and Efficacy of Clomiphene Citrate in the Treatment of Secondary Hypogonadism.
A Retrospective Study
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‘Introduction: Clomiphene (Clomid) has an off-label indication to treat hypogonadism in select populations. “Based on clinical practice, this medication in certain types of hypogonadism is equally effective as testosterone in treating hypogonadism. It will lead to less side effects, lower treatment cost, and will decrease rates of infertility in the male veteran population.” Secondary hypogonadism can be most often caused by opioid use, obesity, sleep apnea, and diabetes.” “Aim of Study: To evaluate the safety and efficacy of Clomiphene Citrate in Treatment of Secondary Hypogonadism in comparison with testosterone. “Study Population: Data was obtained from the Veterans Administration Data Warehouse through the Veterans Administration Informatics and Computing Infrastructure. Data was extracted using SQL. There were 405,824 male patients with a diagnosis of hypogonadism (87.1%) and infertility (12.9%), nationally at the VA. Of these, 9566 patients have been treated with clomiphene citrate and 232,123 with various testosterone therapy. “The two groups were then matched by propensity method to controls at a ratio of about 1:1 for Age, race, BMI and time for follow-up as potential confounding factors that could have affected inclusion in the study controls. Patients without either Clomiphene or testosterone treatment were excluded. Statistical Analysis: SAS was used for propensity matching (PSM, greedy near) Categorical variables were evaluated as frequency counts with percentage within group, as well as ODDS ratio (OR) and differences were evaluated by a chi-square method. Comparisons of continuous variables were done were done by simple and paired t-test. Kaplan Meier plots and Cox Hazard ratio calculations were used to examine time dependent risk between treatments. Actual p-values are shown and p-values lower than 0.0001 are shown as such. All comparisons used a two-sided assumption. Measurements: Testosterone laboratory measures were recorded for start and end of trial. Survival was taken as the difference in days between start date and date of death. New diagnosis of Osteoporosis and Polycythemia was that which occurred after initiation of therapy. “Results: Clomid treatment normalized testosterone levels in 53.2% versus 46.8% in the testosterone group (OR 1.32 P<0.005). All-cause mortality was in the clomid group 0.16% and 1.62% in the testosterone group (OR 0.16 P<0.001). The incidence of new Osteoporosis for clomid was 3.9 % versus 5.9% for testosterone (OR 0.65 P<0.001)” Conclusion: This is a retrospective study comparing the efficacy and side effects of clomiphene versus testosterone for treatment of hypogonadism. The study showed that clomiphene is more effective than testosterone to treat secondary hypogonadism. We also found decreased overall mortality and incidence of polycythemia and osteoporosis.

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Serum Insulin-Like Factor 3 Levels Are Reduced in Former Users of Anabolic Androgenic Steroids Suggesting Persistent Impaired Leydig Cell Function
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Background: Illicit use of anabolic androgenic steroids (AAS) has emerged as a public health concern among men, but the long-term effect on gonadal function is still unresolved. Serum insulin-like factor 3 (INSL3) has emerged as a novel and potentially superior marker of Leydig cell function than serum testosterone per se. INSL3 synthesis and secretion exhibit far less daily variation than testosterone. Further, serum INSL3 levels are not related to body composition. The objective of this study was to investigate INSL3 as a marker of Leydig cell function in former AAS users. Methods: Community-based cross-sectional study including men aged 18 - 50 years, involved in recreational strength training and allocated to one of three groups: current (n = 46) or former AAS users (n = 42) or controls (n = 44). Mean age (SD) of all participants were 32 (7) years and the elapsed duration since AAS cessation, geometric mean (95% CI), was 32 (23; 45) months in former AAS users. All procedures were performed during one visit in the morning hours following overnight fasting. We drew blood through a cannula placed in an antecubital vein.