

CASE REPORT

Galactorrhoea in a Toddler: A Rare Report

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ABSTRACT

Milk discharge from neonatal breast commonly occurs bilaterally. Majority of them are benign in nature. Those cases usually require conservative management and will resolve with time. It typically occurs within one month of age in which late-onset of galactorrhoea in toddlers is indeed a rare occasion. Thus, an abnormal cause needs to be ruled out. An 18-months-old child had persistent milky discharge from the left nipple for several days without underlying specific identified causes. This case highlights the occurrence of physiological milk discharge can still possibly occur at the age beyond one-year-old despite its absence in the initial months of life. The principle observation at primary care is still adequate in managing such cases unless high suspicion of alarming disease arises. This case proved a late onset of physiological galactorrhoea can still occur in the early toddler age group.

INTRODUCTION

Galactorrhoea refers to the condition of abnormal secretion of breast milk in a situation other than physiological breastfeeding^{1,2}. It can occur either unilaterally or bilaterally, profuse or sparse in amount, and sudden or gradual in onset. Secondary galactorrhoea occurs most commonly in adults and rarely happen in children³. Among the causes of secondary galactorrhoea includes taking drugs such as antihypertensive or antipsychotics, oral contraceptive pills, chronic kidney disease, nipple stimulation or even tumour such as

pituitary adenoma and prolactinoma^{1,2}. These are rare in children. Meanwhile, witch's milk, a condition associated with larger than average breast nodules, is a common occurrence in neonates of either sex and usually does not persist beyond two months of age. It is related to the trans-placental transfer of maternal hormones to the foetus, which is expected to be resolved with time. Thus, galactorrhoea in a toddler without palpable mass is, in fact, a rare occurrence in which other pathological causes need to be ruled out including the possibility of a pituitary tumour or congenital disorder of the breast¹⁻³.

CASE PRESENTATION

This is the case of unilateral galactorrhoea that occurred in an 18-month-old girl who had no prior illness or relevant medical and birth history. The child was brought in by her mother during a routine immunization schedule at our health clinic. The mother had noticed a persistent milky discharge from the baby's nipple for several days. The discharge was whitish and odourless with no swelling, palpable mass or redness surrounding the nipple. The child also had no fever. The child was born full-term by means of spontaneous vaginal delivery with a birth weight of 2.95 kg without any significant illness. The child was exclusively breastfed until six months of age and is thriving well. Her mother did not take any traditional postnatal herbs or any over the counter medication or supplements. She also did not practice any massage over her baby's nipple. There were also no other associated alarming symptoms such as vomiting or irritability.

On examination of the left nipple, there was persistent milky thin discharge spontaneously came out from the nipple (Figures 1 and 2). There were no erythematous skin areas seen. The nipple bud was not tender and not warm on palpation. There was no obvious palpable mass and no axillary lymphadenopathy was seen.



Figure 1 Prominent galactorrhoea from the bud of the left nipple



Figure 2 Unilateral galactorrhoea without any other abnormalities seen

In view of her late and atypical presentation, we seek an opinion from a paediatrician and a sample was sent for serum prolactin. The result turns out to be within a normal range. We continue to follow up the child at our centre with shared care from a paediatrician. The child condition was stable throughout the visit. The parents were reassured and keen for conservative management at our centre. Surprisingly, it took two months for the condition to be completely resolved at her age of two years old during the follow-up.

DISCUSSION

It is a predicament for a clinician to proceed with a further investigation or otherwise for a child that presents with atypical presentation of a common disease^{4, 5}. Nevertheless, there is always an individualized role of performing a simple point of diagnostic test that can differentiate from a life-threatening disease and benign disease at the primary care setting^{4, 5}. In this case, we decided for serum prolactin measurement as one of the assessment tools in view of the atypical age of the presentation, persistent nature of the milk discharge and lack of local lesion or palpable mass surrounding the nipple³.

One of the strengths of the primary care setting is the ability to perform close monitoring at a community level of care⁶. The main clue of the benign nature of this disease is the long duration of galactorrhoea that we had observed in this child up to two months under our follow up without the development of other new clinical signs^{3, 6}. This favour the possibility of an underlying benign condition rather than pathological causes. Furthermore, there is no presence of blood-stained discharge or other systemic symptoms such as fever or weaknesses^{1, 2, 3, 6}. The child is thriving well with good weight gain and good developmental milestone progress according to her age.

There is no specific reason why witch's milk can present late at the age of 18 months old^{7, 8}. One of the possible reasons is the possibility of high oestrogenic-like nutrition from the mother's breast milk that the child had consumed^{7, 8}. This is closely related to the type of diet that the mother eats every day. However, further history from the mother revealed that the mother did not consume any new diet pattern or taking supplements or herbs^{5, 6}. The mother also denied any habitual massage or a frequent touch of the child's nipple that contribute to the recent galactorrhoea^{5, 6}. It is still unknown, and it requires further proper clinical study to identify the best associations.

Thus, the term idiopathic galactorrhoea would be the best to describe this case as there were no clinical features associated with hypothyroidism or metabolic disorders, even though not all investigations have been performed^{7, 8}. The child's breast tissue may have increased sensitivity to the normal circulating prolactin levels^{5, 6}. Nevertheless, one of the strongest points to support maternal diet, in this case, is that the child's condition resolved upon stopping consuming breastmilk towards the age of two years old.

Management of galactorrhoea in children is mainly an observation^{5, 8}. However, what more important is to educate and reassure the parents that the condition is normal. Most parents would feel worried especially when there is no similar experience among other children. In our case, open discussion with the mother including an explanation on the possible alarming symptoms and sign that the mother should aware while at home to seek attention has reduced her worries. Advise seeking and sharing decision with a paediatrician is indeed important. Even the mother refused for admission and follow up at a tertiary centre due to logistic reason, continuous input from a paediatrician can always be sought by effective communication between the family medicine specialist and paediatrician. Performing a shared decision on observation time before surgical intervention referral is indeed a good approach in our setting. We agree to give time up to two years old, which does not exceed in this physiological case. This can reduce excessive worries, the burden of multiple centre visits by the caretaker and excessive invasive procedures to the child.

CONCLUSION

Witch's milk is still possible in an older age group of children. It is still acceptable to keep observe the child at a primary care clinic provided there is no alarming symptoms or

signs noticed during the follow up as long as a continuously shared decision is made with a paediatrician and a tertiary centre. Further study is needed to understand the underlying cause that leads towards such a rare presentation of a physiological galactorrhoea.

CONFLICT OF INTEREST

The authors declare that they have no competing interests in publishing this article.

CONSENTS

Written informed consent was obtained from the patient's mother to publish the case. A copy of the written consent is available for review by the Chief Editor.

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