A2. Bilateral galactocele.

**DISCUSSION**

Galactocele is a rare retention cyst that causes breast enlargement in both sexes and is usually located in the mammary glands. Galactocele is also known as milk or lacteal cyst.

The etiology of galactocele is unknown. Galactocele may be associated with three factors: ductal obstruction, prolactin stimulation and presence of secretory breast epithelium.

Prolactin, estrogen and progesterone are the major hormones affecting the breast function in adults. On the other hand, galactocele in infants is a result of improper canalization of lactiferous ducts as well as lack of oxytocin stimulus leading to stagnation of milk. Galactocele typically occurs in young lactating women but is also reported in infants and children as a rare cause of breast enlargement.

The usual clinical presentation of cases of galactocele are painless gradual enlargement of the breast or milky nipple discharge. The classical findings of physical examination are non-tender, fluctuant, mobile and a soft mass in the breast.

The most common complications of galactocele are breast skin infection (mastitis) and breast abscess.

Differential diagnosis of breast swellings in infants and children are galactocele, breast abscess, physiological enlargement, inflammatory swelling and breast mastitis.

Ultrasound is the radiological modality of choice in children and infants as well as in adults with breast enlargement.

Galactocele in adults is managed differently compared to children. Management options for galactocele in adults usually involves aspiration or excision, but in infants and children it is managed conservatively.

**CONCLUSION**

Galactocele is a benign breast condition that presents as bilateral or unilateral breast enlargement in both sexes. Conservative management is the treatment of choice for galactocele in infants and children.

**Potential Conflicts of Interest:** None.

**Competing Interest:** None.

**Sponsorship:** None.

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**REFERENCES**