Gigantomastia is a rare connective tissue disorder, about which little is known, that affects the breasts. Only a handful of cases have been documented during the past century. Each case has some unique twist, but the underlying denominator is increased breast tissue in gigantic proportions, thought to be caused by sensitivity to prolactin. It appears to pass through family lines, both from mother to daughters and from mothers, through their sons, to granddaughters. Some women also experience insulin resistance, their bodies becoming marked with brown spots.

A number of different cycles can signal the breast tissue to begin to grow over abundantly: the onset of puberty, pregnancy, and/or birth. Not every woman will experience all three.

At the start of puberty, some young females with little or no breast development can grow three or more cup sizes within a few days.

This can also occur during pregnancy. Either at the onset of pregnancy or between the 16th to 20th week of gestation, these mothers experience an unusual growth of breast tissue, above and beyond what is considered normal. With each subsequent pregnancy, the tissue growth continues from where it left off the time before.

Mothers who have tissue growth occurring in such gigantic proportions post birth may mistake this for an overabundant milk supply or engorgement, but quite the opposite has occurred. The swelling is actually in the connective tissue. This can compromise long term milk supply, which, in turn, threatens the likelihood for successful lactation.

The swelling generally creates intense heat. The breasts can become fireballs, turning red, itchy, and feverish. The skin can actually begin to peel. Intense swelling in the connective tissue of the breasts can cause the milk ducts to become pinched off, and damage to the milk ducts can lead to plugged ducts and mastitis. Milk transfer from mother to baby is difficult because the tissue is rock hard and the nipples are completely flattened. The newborn is unable to latch on and suckle effectively, thus threatening the milk supply because breasts only make more milk when milk has been removed.

Reverse Pressure Softening (RPS) was developed by Jean Cotterman, RNC, RLC, IBCLC. As Jean wrote in the April-May 2003 issue of LEAVEN, "In RPS, steady, gentle, but firm finger pressure is applied to the central areola for one to three minutes, pushing back toward the mother's chest wall. This simple method of softening the areola helps the nipple extend more deeply into the baby's mouth, does no harm, works promptly without discomfort, requires no equipment except clean hands, and improves milk transfer."

The LLLI-published POCKET GUIDE TO THE BREASTFEEDING ANSWER BOOK, available in July, includes new information and illustrations about RPS. Written by Nancy Mohrbacher, it is a reliable reference for LLL Leaders and other breastfeeding counselors who work directly with mothers.
have reported excess gains of 40 pounds of breast tissue from the onset of pregnancy. Others have severe atrophy set in after the breasts involute (revert to a pre-pregnancy state). They still have the same amount of skin, but the subcutaneous fat cells are no longer able to fill them, leading to an "empty saddlebag" appearance.

I have personally experienced this debilitating condition. At puberty I went from being as flat as a board to a "C" cup in one month. The first time I conceived, I went up two cup sizes in a matter of days. The same thing happened with the next three pregnancies.

In my case, the most enormous growth occurred after giving birth. Normal swelling began within 24 hours postpartum, becoming extreme during the next 12 to 24 hours. With my first birth, I went up three cup sizes during the post birth period, after my second childbirth, I went up six cup sizes, after my third birth it was 10 cup sizes, and after my last birth I went up nine cup sizes.

Beach towels were rolled up and placed underneath my breasts for support, while four elasticized cloth bandages were wound around to lift and hold the contraption in place. My breasts were extremely heavy, weighing approximately ten pounds each. Every vein was raised, and as nature would see fit, I never leaked.

I tried prickly pear cactus pads, shredded potatoes, and cabbage leaves to reduce the swelling. None of these worked. The only relief, if one could call it that, was soft gel ice packs and old fashioned bags of ice, which the heat of my breasts would melt within moments of contact.

This heat was so intense that I never even felt the coolness of the ice on my skin. I had to sleep on my back with the ice packs, which I would continually rotate, on my breasts. Fortunately for me, the swelling would begin to subside seven to 10 days later. The breast tissue would stay around an "E" to a "G" cup for the next year, depending on the birth order.

As far as my nursing relationship went, during the first two weeks it was rough. It was hard to snuggle a chubby little body with 20-pound "bowling balls" attached to my chest. The skin was so taut that the nipple became nonexistent, making latch on all but impossible. Blisters covered my nipples and areolas.

Breastfeeding did not relieve the swelling since the swelling occurs in the connective tissue itself. Instead, it just brought on more heat and more swelling from the normal engorgement that occurs for some women when the mature milk begins to come in. A deep, indescribable, "phantom like" pain set in and still haunts me periodically to this day.

For me, severe atrophy set in at about one year postpartum. My breasts diminished in size to a "AA." During ovulation and menstruation, the tissue swelling moves to other parts of my body, to my knees, ankles, toes, and fingers. I am unaware of others with Gigantomastia having this issue, but each case is different.

References
Craig, Randall, 2005. Personal communication.

A note from the author:
I would like to extend my thanks to all involved with the workings of this article. Tears come to my eyes...You have been so kind and generous! You have given me a platform to launch from and I truly hope and pray that someone can help find the cure for Gigantomastia. I hope this will be the first of many articles written on this subject. As far as research is showing, I'm one of the few (along with my mom and grandma) who breastfed with this condition. I look forward to the responses and any feedback is welcome. Send emails to H2OBIRTH2X@aol.com or write to 22322 S. 132nd St., Chandler AZ 85249.

Again, sincerest appreciation! Cheri Casciola, IBCLC, RLC

FACTS
- Formaldehyde is a cancer-causing agent. Formaldehyde is not listed on labels. Instead you'll find Quaternium-15 which is a formaldehyde-releasing preservative. Formaldehyde is classified as a carcinogen by the International Agency for Research on Cancer.
- Bleach causes central nervous system disorders. Toxics A to Z by John Hart.
- Manufacturers are not required to list exact ingredients on labels.
- FDA does not require safety testing on personal care products before marketing.
- Long-term health effects of household chemicals are unknown.

Encyclopedia of Medical Imaging Volume 2: Medical Imaging, s.v. "Macromastia ."

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