Gynecomastia

Gynecomastia is swelling of the breast tissue in boys or men, caused by an imbalance of hormones estrogen & testosterone. Gynecomastia can affect one or both breasts, sometimes unevenly.

— Causes & risk factors
- Natural hormone changes
- Ulcer medications, such as cimetidine
- Cancer treatment (chemotherapy).
- Heart medications such as digoxin (Lanoxin)
- Gastric motility medications such as metoclopramide
- Anti-anxiety medications such as diazepam (Valium)
- AIDS medications
- Street drugs & alcohol such as amphetamine, heroine.

— Signs & symptoms
- Swollen breast gland tissue
- Breast tenderness
- Swelling
- Pain
- Tenderness
- Nipple discharge in one or both breasts.

- Diagnosis
  - History collection
  - Physical examination
  - Tissue biopsies
  - Mammograms
  - Blood tests

- Management

Medications used to treat breast cancer & other conditions, such as tamoxifen (Soltamox), raloxifene (Evista) & aromatase inhibitors (Arimidex), may be helpful for some men with gynecomastia.

- Surgical management
  * Liposuction - This surgery removes breast fat, but not the breast gland tissue itself.
  * Mastectomy - This type of surgery removes the breast gland tissue.
- Nursing management
  - Advise patient don't use illegal drugs such as steroids, amphetamines, heroin etc.
  - Avoid alcohol & smoking.
  - If a client is taking medication known to cause gynecomastia, ask him/her to consult doctor for other choices.
  - Provide psychological support.
  - Advise to eat well balanced diet.

Bites and Stings

Bites and stings are one form of poisoning & common in infants and children.

Common bites are dog bites and snake bites & common stings are scorpion stings & sting by bees, ants, wasps, etc.

Dog Bites

Dog bite can result to a viral disease known as rabies or hydrophobia.

Clinical Features

During the initial 1-4 days, the patient suffers from prodromal symptoms of fever, myalgia, headache, easy fatigability, sore throat & changes in mood.

Paresthesias or fasciculations at the site of bite at this stage are highly suggestive of impending rabies.

The prodromal stage is followed by widespread excitation and stimulation of all parts of nervous system.

Diagnosis

The diagnosis of rabies can be made with the history of dog bite. The

Dated: / /
Page No.

presence of paresthesias at the bite of bite.

Management

Antirabies treatment consists of two important aspects:- wound management and rabies prophylaxis.

Management of wound is done by cleaning & washing the wound with soap and running water and then applying alcohol or tincture iodine or aqueous solution of iodine. Antirabies serum should be infiltrated around the wound, if the bite is less than 24 hours old, tetanus toxoid should be given & antibiotics may be administrated.

The rabies vaccine are given by 7 or 14 daily doses subcutaneously. The tissue culture vaccines are scheduled on days 0, 3, 7, 14 & 30 in IM route for postexposure & on 0, 7, 28 days for pre-exposure rabies prophylaxis.

Snake Bites

Most bite occur in rural & semirural area, usually in outdoors. Peak incidence occurs during the warm & humid months.

The venoms produced by Elapidae (Cobra, Krait) & Hydrophidae (Sea-Snake)

are primarily neurotoxic they act by blocking neuronal transmission at the neuromuscular junction resulting death due to respiratory depression. The venoms produced by vipers are primarily cytolytic causing cellular necrosis, vascular leak, hemolysis & coagulopathy leading to death due to hemorrhage, shock or renal failure

Clinical Features

Depends upon the type of snakes & presented as local effects and systemic effects.

Elapids bites produce local pain followed by swelling with 2 to 3 hours and systemic manifestations occur within 15 minutes to 10 hours after the bites, as neurotoxic & cardiotoxic features. Paralysis involves the muscles of palate, jaws, tongue, larynx, neck, deglutition. Cardiotoxic effects include tachycardia, hypotension & ECG changes.

Viper bites produce severe burning pain with dramatic appear of edema, swelling, cellulitis & ecchymoses at the site of bite. Continuous oozing or bleeding may occur.

Date / /
Page No.

Management

Fluid aid management of snake bite includes reassurance rest & moral support with immobilization of patient & bitten part in horizontal position. Manipulation of the bitten part, exertion & exercise must be avoided. Do not give alcoholic drinks or stimulants orally to the patient. A wide tourniquet or crepe bandage to be applied proximal to the bite site to occlude the lymphatics, therefore it should not be too tight.

Neostigmine-atropine regimen can be effectively used in case of Elapides venom.

Insect Stings

Insect stings are commonly found in rural & coastal areas. Scorpion stings are second only to snake bites as a cause of fatal envenomation. It occurs in wet & summer months. Insect stings include bees, wasps, ants & beetles.

Scorpion stings may be fatal because scorpion venom is neurotoxic, cardiotoxic, hematotoxic & myotoxic & having wide range of manifestation such as local pain, swelling, vomiting, tachypnea, hypersalivation

Date / /
Page No.

etc.

Management

Management of scorpion stings should be done promptly as no first aid measures are of particular value. A tourniquet should be applied immediately with precautions. The wound should be washed with plain water & part should be immobilized. Tetanus prophylaxis should be given.

Bees & wasp stings to be managed by local cooling, removal of visible sting, application of soothing lotion (Calamine) or anesthetic cream, Oral analgesic & antihistamine.

Ant stings may be managed by application of cold compressions, washing of site with soap & water, applying local antiseptics, Oral or topical antihistamines, oral corticosteroids & analgesics. Severe reactions necessitate immediate SC Injection of 0.3-0.5 ml of 1:1000 solution of ephinepheine.

Nursing responsibility in relation to bites & stings are mainly promoting awareness about the prevention of the problem.