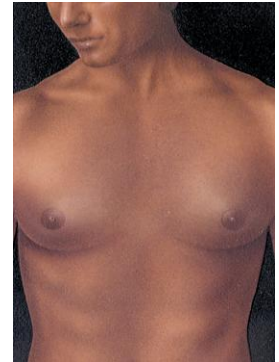


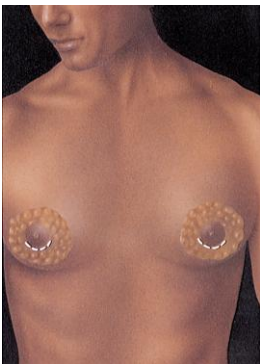
Gynecomastia

Gynecomastia is a term used to describe the abnormal enlargement of the male breast. This can be due to hypertrophy of the breast parenchyma alone or from excess fat in the male breast area. This extra fat is better termed pseudogynecomastia, especially if there is no hypertrophy of the parenchyma involved. In any case, gynecomastia, when present, is a very distressing condition especially for a young boy. One can imagine how distressing it would be to a young male who develops breasts at a time when the secondary sexual characteristics are developing, when one is having to take his shirt off in gym class. This can lead to some very distressing psychological problems if not addressed.



The approach to gynecomastia initially is a conservative one in that around 40% of young males will experience some type of gynecomastia around the age of 13-15 years. Typically, it will be a tender swelling in one or both breasts that is persistent. Most of this resolves within two years, and almost all by three years. Some will even persist up until 20 years of age. If gynecomastia is present, then I believe the approach is as follows:

If the swelling did not start pre-adolescence or is bilateral, then I think the gynecomastia can be watched for approximately two years. If no resolution has taken place at two years, then surgical treatment can be undertaken. Nevertheless, it is important that each of these patients be worked up by an endocrinologist to rule out any type of worrisome malignancy that could be causing the problem. As such, patients are referred to an endocrinologist to get their input and to make sure there is nothing odd going on. Once this is demonstrated, it is appropriate to take the patient to surgery and there perform a reduction procedure.



There are a number of different ways to approach these patients surgically, and some of them are determined by the extent of gynecomastia that is present. If possible, most patients are treated with liposuction, which removes most of the fatty tissue. If there is still a glandular nub or breast bud still present, then a small excision is made and the breast tissue is excised directly. Again, this is always done conservatively so as to try and prevent a depression in this area.

Once the operation has been completed, the patient is kept with a compression dressing (6-inch Ace wrap) for about six weeks postoperatively to try and help compress the tissues to help in healing. Occasionally, a drain will be placed if the bleeding seems excessive, but typically it is not necessary when liposuction combined with a breast bud reduction is used.

Some of the complications that can be seen are hematoma, seroma, infection, nipple sensory loss or alteration, skin sensory loss or alteration, contour irregularities, asymmetry, recurrence, and so forth. If a complication occurs then it will need to be addressed accordingly, although some of them will not be fully correctable. Nipple necrosis is also possible, but very rare.

The important concept is that gynecomastia is a very real problem and is especially difficult for young males who develop this condition at the time of adolescence. It is a condition that needs to be treated very sensitively and oftentimes gives these boys great relief.

