



PIPS *Steps*

A PUBLICATION OF THE PITTSBURGH INSTITUTE OF PLASTIC SURGERY

GUY-KNEE-CO-MAST-YA

Guy-knee-co-*what?* Gynecomastia! Gynecomastia, translated literally from the Greek words which gave rise to the term, means “woman-like breasts” and affects anywhere from 40% to 60% of all men. Breast enlargement is, for most men, a normal consequence of aging. As most men age, they gain weight and, as all men age, their hormonal “balance” between testosterone (the “male sex hormone”) and estrogen (the “female sex hormone”, also present in men) changes, resulting in stimulation of breast gland (keep in mind that the male breast, like the female breast, is composed of breast gland and breast fat). Either or both of these changes in men, that is weight gain and hormonal stimulation of the glandular component of male breast tissue, usually translates to an increase in breast size. That increase can be dramatic, consequently resulting in breasts which assume a size and shape which are more feminine than masculine. Not uncommonly, as younger boys enter puberty (generally anywhere from 10 to 14 years of age), hormonal changes associated with puberty may produce a rather sudden and dramatic increase in breast size as well. Therefore, Gynecomastia can affect just about any man, from teen to senior citizen.

The problem almost invariably is benign and usually physiologic in nature, in other words related to the normal morphologic changes which most, if not all, men experience but, on very rare occasion, can be indicative of a tumor, usually benign but occasionally malignant (in other words, cancerous), involving either the adrenal gland or the testicle.

The solution to the problem of Gynecomastia is relatively simple and, as you might guess, amounts to removal of the excess breast gland/fat which contributes to breast enlargement. If the enlargement seems to be almost exclusively the result of excess fat, which usually can be determined by physical examination supplemented, if necessary, by mammography (x-ray of the breast), then Liposuction, discussed in a previous article for this publication, through tiny punctures in the skin overlying or in the neighborhood of the breast can be employed to remove excess fat with good probability that the skin overlying the breast will contract to the new reduced size and shape of the breast. In the event that the breast enlargement is more a function of excess breast gland, which is more common in teens and young adults and not easily addressed by

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Liposuction, then **Subcutaneous Mastectomy**—**Unilateral** in the case of one breast and **Bilateral** in the case of two breasts—through a periareolar incision (an incision located at the periphery of the pigmented skin surrounding the nipple) is the best approach to the problem. Such a procedure involves removal of the excess (though not necessarily all) breast gland/fat contributing to the enlarged breasts, via an incision which generally results in a fairly inconspicuous scar, and employs relatively simple surgical techniques. Again, the success of the procedure is dependent on the ability of the skin overlying the breast to contract to the new reduced size and shape of the breast. Any failure on the part of the skin to contract can be addressed at the same time or at a later time by simple removal of that excess skin, again in a way which produces an acceptable, usually easily camouflaged scar.

Both of the foregoing two surgical approaches to Gynecomastia can be undertaken on an outpatient basis and either under local anesthesia (similar to that which a dentist employs to fill a decayed tooth) supplemented with sedation via intravenous medication or under general anesthesia and result in a minimum of post-operative discomfort and disability.

While Gynecomastia normally is not preventable since, as I indicated, it usually accompanies normal physiologic changes which virtually all men experience, either earlier or later in life, many athletes, bodybuilders and the like have learned the hard way that the use of anabolic steroids can lead to Gynecomastia, not to mention a host of other problems, some of them even life threatening. Therefore, a word to the wise. Don't use anabolic steroids unless they are designed to address a steroid deficiency and, of course, never without medical supervision.

Health insurers vary in their willingness to “cover” the costs associated with the treatment of Gynecomastia. Some health insurers “cover” procedures to correct Gynecomastia only if they are undertaken by a certain age (for example, 21 years of age) whereas other health insurers “cover” those procedures only if the tissue removed in the course of such treatment contains a preponderance of breast gland as opposed to breast fat whereas still other health insurers do not “cover” the costs associated with the treatment of Gynecomastia under any circumstances.

For more information about this and other cosmetic and non-cosmetic procedures, please call The Pittsburgh Institute of Plastic Surgery at 1-800-321-7477 or The Plastic Surgery Information Service at 1-800-635-0635.



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