

Types of Gynaecomastia and treatment modalities

The term gynaecomastia was introduced by Galen during the second century A.D.¹ It is a common condition and varies with age affecting 75% at the age of puberty and 7% of 17 years of age and 30% of middle aged men have significant gynaecomastia. No aetiology is found in more than 70% cases or obesity is the reason for gynaecomastia and in 10% there could be hormonal or multiple medical conditions.^{2,3}

A careful detailed history, thorough physical examination and relevant investigation performed either pre or intra treatment period. Young males with unilateral gynaecomastia in adolescence and preadolescent males with gynaecomastia should be evaluated by the endocrinologist.

Treatment of gynaecomastia depends upon type and grade of gynecomastia. In the literature, gynaecomastia is classified by duration and histology and graded depending on size. Simon et al classified gynaecomastia into three grades; Grade I is a Slight Volume increase with no excess skin, Grade IIa is a moderate volume increase with no excess skin, Grade IIb is a moderate volume increase with excess skin and Grade III is a marked volume increase with excess skin resembling female breast.^{2,4}

The author had classified gynaecomastia according to the consistency of breast tissue into three types by palpation on clinical examination, published in Pakistan Journal of Plastic Surgery in 2016.⁵ Type-I is clinically palpable soft type is usually composed of florid type, type-II is an intermediate consistency on clinical examination a mixture of both florid and fibrous and type 3 is clinically palpable hard, is usually composed of firm fibrous tissue.

The surgical excision leaves obvious scar and chances of risks are high such as bleeding/hematoma, infection, asymmetry etc and anesthetic risks, as compared to minimal invasive techniques. The traditional liposuction although minimal invasive technique but has the potential risks of excessive bleeding, hematoma/seroma, infection, fat embolism etc. VASER (Vibration amplification of sound energy at source) is a fourth generation of ultrasonic technology.

It was originated in Italy and France in 1980s⁶ and was further modified in united states in 1998 into VASER technology and popularized all over the world. It is known as liposelection because vibration energy selectively interacts with adipocytes and breast tissue without damaging the surrounding structures like blood vessels, nerves and collagen bundles etc. It initiates collagen remodelling and helps in the shrinkage of surrounding skin over the period of few weeks or months.

To summarise, gynaecomastia may cause significant embarrassment and psychological distress in affected males. In contradiction to traditional liposuction, the VASER liposelection remove the fat and fibrous breast tissue (treat all types of gynecomastia). It also helps in shrinkage of excess skin in grade II b and grade III gynaecomastia.

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References:

1. Emedicine.medscape.com/article/120858-overview
2. V Lemaine et al, Semin Plast Surg. 2013 Feb;27(1): 56-61
3. Rohrich R J et al. Ultrasound-Assisted Liposuction, Quality Medical Publishing, Inc. StLouis, Missouri 1998, Page 312.
4. Simon B B et al, Classification and surgical correction of gynecomastia. PlastReconstr. Surg. 51:48, 1973.
5. Alam M, Pakistan Journal of Plastic Surgery Vol 4, Issue 1, 2016.
6. Zocchi M.Ultrasonic liposculpturing. Aesthetic PlastSurg 1992;16:287 – 98.