

Surgical treatment of gynecomastia: an algorithm.

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Abstract

INTRODUCTIONS:

Gynecomastia is a persistent benign uni- or bilateral enlargement of the male breast ranging from small to excessive findings with marked skin redundancy. In this paper we introduce an algorithm to facilitate the selection of the appropriate surgical technique according to the presented morphological aspects.

PATIENTS AND METHODS:

The records of 118 patients (217 breasts) with gynecomastia from 01/2009 to 08/2012 were retrospectively reviewed. The authors conducted three different surgical techniques depending on four severity grades. The outcome parameters complication rate, patient satisfaction with the aesthetic result, nipple sensitivity and the need to re-operate were observed and related to the employed technique.

RESULTS:

In 167 (77%) breasts with moderate breast enlargement without skin redundancy (Grade I-IIa by Simon's classification) a subcutaneous semicircular periareolar mastectomy was performed in combination with water-jet assisted liposuction. In 40 (18%) breasts with skin redundancy (Grade IIb) a circumferential mastopexy was performed additionally. An inferior pedicled mammoplasty was used in 10 (5%) severe cases (Grade III). Complication rate was 4.1%. Surgical corrections were necessary in 17 breasts (7.8%). The patient survey revealed a high satisfaction level: 88% of the patients rated the aesthetic results as "very good" or "good", nipple sensitivity was rated as "very good" or "good" by 83%.

CONCLUSION:

Surgical treatment of gynecomastia should ensure minimal scarring while respecting the aesthetic unit. The selection of the appropriate surgical method depends on the severity grade, the presence of skin redundancy and the volume of the male breast glandular tissue. The presented algorithm rarely leads to complications, is simple to perform and shows a high satisfaction rate and a preservation of the nipple sensitivity.

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