



Gynecomastia Correction in Individuals with Below Average Skin Elasticity

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Editorial

Gynecomastia or enlarged breasts in men is a problem attracting increased attention [1-14]. Gynecomastia has been our primary clinical interest for over twenty years. We have fortunately been able to treat a range of individuals presenting with this deformity. We have on the basis of our experience continuously refined our surgical approach. Combining the physical resection of the breast tissue involved in each case of gynecomastia with redistribution of the thoraco-abdominal skin envelope we have reduced the need for skin resection in patients with below average skin elasticity.

Between January of 1997 and December of 2017, we have treated two thousand three hundred and seventeen patients with gynecomastia. Age range of the patients is ten years old to seventy-nine years of age. Patients are categorized based on the amount of glandular (breast tissue) present and the amount of adipose tissue present. A ratio is determined pre-operatively and recorded for each patient. In addition, the patients' skin elasticity is recorded as above average, average or below average. Based on the aforementioned metrics combined with the individual's Body Mass Index (BMI) and medical history, a definitive treatment plan is established. Patients with decreased skin elasticity remain some of the most challenging patients and formed the basis of this report. Over the aforementioned time period, we have treated six hundred eighty-eight patients with below average skin elasticity. Virtually all patients require a combination of liposuction and glandular tissue excision to remove the involved tissue. The remaining component of surgery, (50%) deals with optimizing the final result. Patients with poor skin elasticity in addition to resection and liposuction require a specialized treatment strategy to optimize the final result. Skin resection leaves

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Figure 1: Male, 35 years of age with Gynecomastia and below average skin elasticity pre operatively.



Figure 2: Male, 35 years of age post operatively. Note the redistribution of the skin envelope.

obvious scarring which is irreversible. In an effort to minimize its requirement for skin resection we have designed a protocol to widely undermine the skin to facilitate an increased area where skin elasticity is allowed to interact with the area of resection to optimize the result. Undermining occurs inferiorly into the mid abdominal area, typically 6cm above the umbilicus in most severe cases. This approach has reduced the need for skin resection to twenty-nine patients in our series.

The following patient is illustrative of the technique involved:

Thirty-five year old Male presents with approximately seventy percent glandular tissue and thirty percent fat (Figure 1). His skin elasticity is below average. In addition to resection of glandular tissue and liposuction of the fat, wide undermining was performed into the abdomen to approximately half way between the inframammary crease and the umbilicus to facilitate redistribution of the fat of the skin and the soft tissue. A compression vest was applied post-operative to facilitate healing. The post-operative views illustrate the resection of the large volume of tissue and an improved redistribution of the skin (Figure 2). Skin redistribution allows much better contour of the chest wall which is appreciated from the lateral and anterior views (Figure 2) in patients with reduced skin elasticity. The increased degree of undermining facilitates recruitment of a larger skin area to absorb the laxity present in these patients. Clearly this is not applicable for massive weight loss patients with tremendous skin laxity and very poor elasticity. In cases with massive weight loss, a total body lift is the only option. We have found that in the majority of Gynecomastia cases with below average skin elasticity, wide undermining and repositioning of the thoraco-abdominal skin envelope can be effective in optimizing the final result and avoiding the requirement for skin resection and the inevitable scarring.

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