

Gynecomastia surgery

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Editorial

Gynecomastia is well-defined as widespread enlargement of male breast tissue, with the presence of a hard or firm mass spreading concentrically and symmetrically from the nipple, attended by histopathologically benign proliferation of glandular male breast tissue. It typically occurs consensually and is the most common breast disorder in males. Gynecomastia is categorized by: Excess glandular tissue development, Excess localized fat, Presence unilaterally (one breast) or bilaterally (both breasts) and Sometimes excess breast skin. A correlated condition, pseudo gynecomastia, establishes as fat deposition without glandular proliferation & occurs most often in obese men. Since gynecomastia causes anxiety, psychosocial embarrassment and a fear of breast cancer, patients seek medical care and need diagnostic valuation. As of the growing incidence of obesity, the number of patients with pseudo gynecomastia is increasing. In addition, enlarged use of anabolic steroids and environmental infection with xenoestrogens or estrogen-like substances may stimulate glandular proliferation in male breast tissue. In minor cases, simple assurance attached with guidance on diet and exercise may be adequate. Though, in more severe cases, medical or surgical intervention is mandatory. This review defines the etiology, pathophysiology and clinical evaluation of gynecomastia and may be supportive for selecting patients who will need treatment. In severe cases of gynecomastia, the weight of extra breast tissue may cause the breasts to sag and stretch the areola (the dark skin neighboring the nipple). In these cases, the position and size of the areola can be surgically enhanced and excess skin may be reduced. Plastic surgery to exact gynecomastia is theoretically termed as reduction mammoplasty.

Gynecomastia has been noted since ancient times. Until the 1970s, the only method of treatment was through surgical excision. Frequently, the cure was worse

than the disease, resulting in disfiguring scars. The growth of suction lipoplasty now permits the elimination of all subcutaneous fat from a remote incision site in the region of the axilla without any damaging in the breast area, though excision of some glandular tissue may be essential in some cases.

Gynecomastia surgery risks include: Anesthesia risks, Bleeding (hematoma), Reactions to tape, suture materials, glues, topical preparations or injected agents, Blood clots, Breast asymmetry, Breast contour and shape irregularities, Deep vein thrombosis, Damage to deeper structures—such as nerves, Changes in nipple or breast sensation may be temporary or permanent, blood vessels, muscles and lungs—can occur and may be temporary or permanent, cardiac and pulmonary complications, Persistent pain, Fluid accumulation (seroma), Fatty tissue found in the breast might die (fat necrosis), Infection, Possibility of revision surgery, Poor wound healing, Unfavorable scarring.