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Presentation of Gynecomazia and Outcome after Operation

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ABSTRACT

Objective: This study was done to know different presentations of gynecomazia and outcome after operation.

Design and duration: This is a retrospective study. It was started in January 2017 and ended in December 2017. It comprises on the duration of one year.

Place of study: It was conducted in a tertiary care hospital Bahawal Victoria Hospital Bahawalpur Pakistan.

Patients and Methods: In surgical OPD of the hospital daily 200-250 patients are seen. There were 38 cases presented with the complaint of gynecomazia. These cases belonged to different age groups and came from different areas of the city and few came from other cities as well. A proforma was designed containing all necessary related questions and data of each patient with gynecomazia was entered in the proforma. These cases were admitted in the surgical ward for operation. These patients were told about the procedure and outcomes already. They were given examples of previously operated cases and their photos before operation after operation and proper healing of wound were shown to them. They were undergone all necessary investigations in the laboratory of the hospital such as chest x ray, ultrasound breast, CBC, serum profile etc. These cases were also evaluated for any malignancy of breast. After doing all investigations they were undergone anesthesia fitness. A proper written consent was taken from these patients and also from the medical superintendant of the hospital for conducting this study. Data was calculated in the form of frequencies and expressed via tables and charts. Microsoft office version 2017 and SPSS were used for analyzing data.

Results: This study was done on 38 cases which presented in OPD of surgery with gynecomazia. These all cases were admitted in the ward for operation. These cases were having age range of 20-65 years of age with mean age of 45.6 years. There were 21 cases with age range of 20-30 years, 3 cases with age 31-40 years, 5 cases with age 41-50 years, 4 cases having age 51-60 years and 5 cases with age above 60 years. Mostly cases were having age below 50 years. Presentation of this condition was varying in patients. In 9 cases only unilateral enlargement was found while in mostly cases 29 there was bilateral enlargement of breasts. In 12 cases breast tenderness was present.

Conclusion: Gynecomazia is a disease of males which is not so common. Its incidence is low but with the passage of time prevalence is increasing. Surgical treatment via excision is successful and recurrence rate is very low but possible if malignancy present. It is most common in adult age.

Key Words: Gynecomazia, presentation, outcome, breast excision

INTRODUCTION

Abnormally enlarged breasts in males due to excessive proliferation of glandular tissue is called gynecomazia.¹ In this condition breast may be tender or painless. Serous or whitish discharge may be present. It is very embarrassing condition for males.² Many people avoid to come to doctors for this problem and feel hesitation and shyness. Many people don't consider it an abnormal condition and so they live with this forever.³ This is due to illiteracy and very low education level of community. Its prevalence is high in underdeveloped and developing countries due to lack of awareness in the public and low literacy rate. It is very embarrassing condition for males.⁴ Many people avoid to come to doctors for this problem and feel hesitation and shyness. Many people don't consider it an abnormal condition and so they live with this forever. This is due to illiteracy and very low education level of community. Its prevalence is high in underdeveloped and developing countries due to lack of awareness in the public and low literacy rate.⁵ In surgical OPD of the hospital daily 200-250 patients are seen. There were 38 cases presented with the complaint of gynecomazia. These cases belonged to different age groups and came from different areas of the city and few came from other cities as well. A proforma was designed containing all necessary related questions and data of each patient with gynecomazia was entered in the proforma. These cases were admitted in the surgical ward for operation. These patients were told about the procedure and outcomes already. They were given examples of previously operated cases and their photos before operation after operation and proper healing of wound were shown to them. : This study was done on 38 cases which presented in OPD of surgery with gynecomazia. These all cases were admitted in the ward for operation. These cases were having age range of 20-65 years of age with mean age of 45.6 years. Gynecomazia may be physiological due to change in hormones level but there may be pathological gynecomazia as well. Level of estrogen plays main role in it. Normally after puberty breast size



increases slightly in males but if any pathology present its size increases much to a shameful size. Gynecomazia may be physiological due to change in hormones level but there may be pathological gynecomazia as well. Level of estrogen plays main role in it. Normally after puberty breast size increases slightly in males but if any pathology present its size increases much to a shameful size. In our study males were having physiological enlargement of breasts due to increases hormonal level. Treatment after surgery is much satisfactory. Medical treatment may prevent progress but can not reduce size already gained therefore surgical excision is preferred over medical treatment which has good outcomes.

PATIENTS AND METHODS

In surgical OPD of the hospital daily 200-250 patients are seen. There were 38 cases presented with the complaint of gynecomazia. These cases belonged to different age groups and came from different areas of the city and few came from other cities as well. A proforma was designed containing all necessary related questions and data of each patient with gynecomazia was entered in the proforma. These cases were admitted in the surgical ward for operation. These patients were told about the procedure and outcomes already. They were given examples of previously operated cases and their photos before peration after operation and proper healing of wound were shown to them. They were undergone all necessary investigations in the laboratory of the hospital such as chest x ray, ultrasound breast, CBC, serum profile etc. These cases were also evaluated for any malignancy of breast. After doing all investigations they were undergone anesthesia fitness. A proper written consent was taken from these patients and also from the medical superintendant of the hospital for conducting this study. Data was calculated in the form of frequencies and expressed via tables and charts. Microsoft office version 2017 and SPSS were used for analyzing data. It is very embarrassing condition for males. Many people avoid to come to doctors for this problem and feel hesitation and shyness. Many people don't consider it an abnormal condition and so they live with this forever. This is due to illiteracy and very low education level of community. Its prevalence is high in underdeveloped and developing countries due to lack of awareness in the public and low literacy rate. : In surgical OPD of the hospital daily 200-250 patients are seen. There were 38 cases presented with the complaint of gynecomazia. They were given examples of previously operated cases and their photos before peration after operation and proper healing of wound were shown

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RESULTS

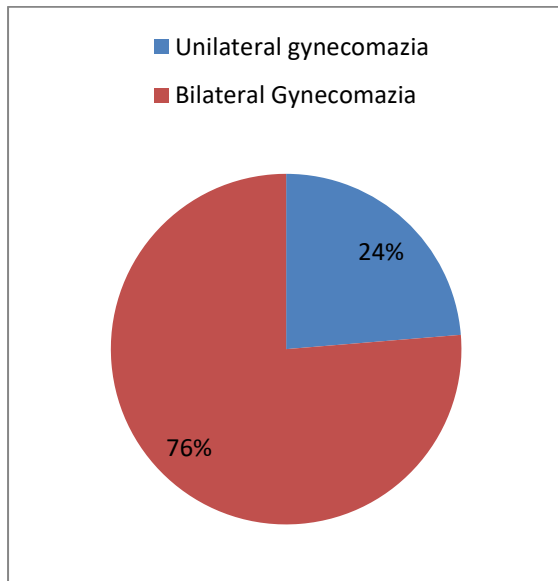
This study was done on 38 cases which presented in OPD of surgery with gynecomazia. These all cases were admitted in the ward for operation. These cases were having age range of 20-65 years of age with mean age of 45.6 years. There were 21 cases with age range of 20-30 years, 3 cases with age 31-40 years, 5 cases with age 41-50 years, 4 cases having age 51-60 years and 5 cases with age above 60 years. Mostly cases were having age below 50 years. Presentation of this condition was varying in patients. In 9 cases only unilateral enlargement was found while in mostly cases 29 there was bilateral enlargement of breasts. In 12 cases breast tenderness was present. After operation patients were called for follow up each month for 6 months for seeing any complication. There were 6 (15.7%) cases developed recurrence of gynecomazia and 3(7.9%) developed hypertrophic scar tissue. There were 7(18.4%) cases which had surgical site infection. These cases belonged to different age groups and came from different areas of the city and few came from other cities as well. A proforma was designed containing all necessary related questions and data of each patient with gynecomazia was entered in the proforma. These cases were admitted in the surgical ward for operation. These patients were told about the procedure and outcomes already. They were given examples of previously operated cases and their photos before peration after operation and proper healing of wound were shown to them. Among these patients mostly were uneducated only 35% cases were educated.

(Table-1) Distribution of cases according to their age.

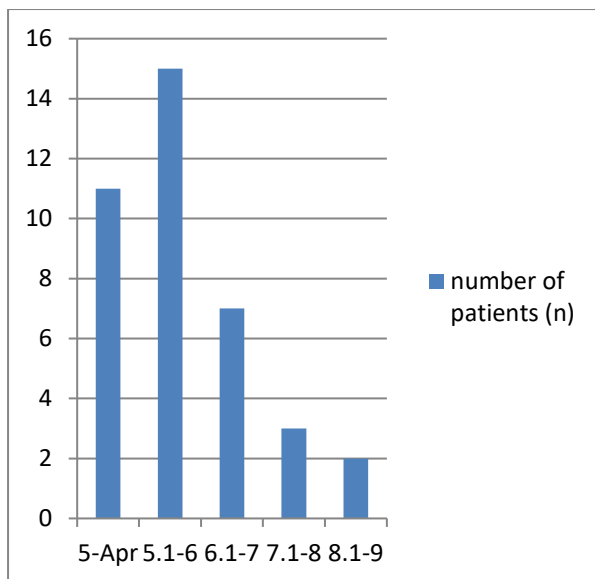
Age of patients (years)	Number of patients (n)	%
20-30	21	55.3
31-40	3	7.8
41-50	5	13.2
51-60	4	10.5
Above 60	5	13.2
Total	38	100



(Figure-1) Frequency of Unilateral and bilateral Gynecomazia among Patients



(Figure-2) Distribution of cases according to size of breast.



DISCUSSION

Many studies have been done in other countries on this topic but very little work has been done in Pakistan in this aspect and much data is lacking.⁶ Abnormally enlarged breasts in males due to excessive proliferation of glandular tissue is called gynecomazia. In this condition breast may be tender or painless. Serous or whitish discharge may be present.⁷ It is very embarrassing condition for males. Many people avoid to come to doctors for this problem and feel hesitation and shyness. Many

people don't consider it an abnormal condition and so they live with this forever. This is due to illiteracy and very low education level of community.⁸ Its prevalence is high in underdeveloped and developing countries due to lack of awareness in the public and low literacy rate. . It is very embarrassing condition for males. Many people avoid to come to doctors for this problem and feel hesitation and shyness. Many people don't consider it an abnormal condition and so they live with this forever. This is due to illiteracy and very low education level of community.⁹ Its prevalence is high in underdeveloped and developing countries due to lack of awareness in the public and low literacy rate. A proper written consent was taken from these patients and also from the medical superintendent of the hospital for conducting this study. Data was calculated in the form of frequencies and expressed via tables and charts.¹⁰ Microsoft office version 2017 and SPSS were used for analyzing data. It is very embarrassing condition for males. Many people avoid to come to doctors for this problem and feel hesitation and shyness. Many people don't consider it an abnormal condition and so they live with this forever. This is due to illiteracy and very low education level of community.¹¹⁻¹⁴ Its prevalence is high in underdeveloped and developing countries due to lack of awareness in the public and low literacy rate. : In surgical OPD of the hospital daily 200-250 patients are seen. There were 38 cases presented with the complaint of gynecomazia. . Presentation of this condition was varying in patients. In 9 cases only unilateral enlargement was found while in mostly cases 29 there was bilateral enlargement of breasts. In 12 cases breast tenderness was present. After operation patients were called for follow up each month for 6 months for seeing any complication. There were 6 (15.7%) cases developed recurrence of gynecomazia and 3(7.9%) developed hypertrophic scar tissue. There were 7(18.4%) cases which had surgical site infection. These cases belonged to different age groups and came from different areas of the city and few came from other cities as well. A proforma was designed containing all necessary related questions and data of each patient with gynecomazia was entered in the proforma. These cases were admitted in the surgical ward for operation. These patients were told about the procedure and outcomes already. Gynecomazia may be physiological due to change in hormones level but there may be pathological gynecomazia as well. Level of estrogen plays main role in it. Normally after puberty breast size increases slightly in males but if any pathology present its size increases much to a shameful size.





Gynecomazia may be physiological due to change in hormones level but there may be pathological gynecomazia as well. Level of estrogen plays main role in it. Normally after puberty breast size increases slightly in males but if any pathology present its size increases much to a shameful size. In our study males were having physiological enlargement of breasts due to increases hormonal level. Treatment after surgery is much satisfactory.

Conclusion:

Education level of patients and early presentation of cases contribute much to prognosis of treatment. Gynecomazia is a disease of males which is not so common. Its incidence is low but with the passage of time prevalence is increasing. Surgical treatment via excision is successful and recurrence rate is very low but possible is malignancy present. It is most common in adult age. Management of such cases should include proper counseling and assurance that it is not a very serious problem usually and can be treated well. We should do multidisciplinary approach to the patient.

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