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Gynecomastia

Gynecomastia, or “man boobs” as it often called, is derived from the Latin words gyne (female) and mastia (breast). This can be a very embarrassing condition for men. Abnormal enlargement of the male chest/breast can be so socially crippling it often leads to depression. The prevalence of asymptomatic gynecomastia is

50% to 60% in adolescents, and up to 70% in men aged 50 to 69 years. The American Society of Plastic Surgeons estimated that close to 30,000 men had surgical treatment for this condition in 2016, a 36% increase from the year 2000. Causes for this upsurge include heightened awareness of surgical treatments due to information available on the internet as well as highly popularized plastic surgery TV series. Furthermore, increased acceptance to plastic surgery in men has helped with more men seeking treatment.

Breast growth in both women and men is stimulated by the hormone estrogen. Men do have some estrogen in their body, but it is normally counterbalanced by male androgen hormones. Some definitive causes of gynecomastia that ultimately increase estrogen levels are: hereditary disorders, some benign and malignant tumors, endocrine disorders, cirrhosis of the liver, excessive weight gain, estrogen medications, marijuana, anabolic steroids, heroin, methyl dopa (for blood pressure), cimetidine (for peptic ulcers), diazepam (Valium), antidepressants, and spironolactone (a diuretic).

However, the vast majority of males with gynecomastia will have none of these causes. They have normal amounts of estrogen in their body, yet still have gynecomastia. Most experts feel that in this situation, even though there is a normal amount of estrogen in the male body, the breast tissue becomes hyper-sensitized to low levels of estrogen leading to gynecomastia. In my experience, nearly all the men I see presenting with gynecomastia also have some amount of lipodystrophy or abnormal fatty deposit in the chest/breast. Often times, the fatty



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tissue will far exceed the breast tissue in men presenting with gynecomastia.

Gynecomastia can usually be successfully treated. However, if there is an identifiable cause such as one of those listed above, then the cause should be treated or corrected first and/or medication stopped or changed. For those patients that have no identifiable cause, or who have had treatment or correction for the identifiable causes, the treatment is almost exclusively surgical.

There are two basic surgical options for gynecomastia. Options include debulking/reduction and skin tightening. Debulking is the first part of the treatment of gynecomastia. This can often be accomplished by liposuction. Depending on the amount of fatty tissue present, liposuction may be able to completely debulk the chest/breast. Nevertheless, liposuction can't remove breast tissue. Breast tissue present will have to be directly excised.

If there is no excess skin after debulking, the procedure is complete. However, if there is excess skin, a skin tightening procedure should be performed. This can range from incising a large and a small circle around the areola. After the skin is removed, the large circle is closed to the small circle (my favorite procedure). There are also more aggressive procedures for skin removal. In general, the more skin that needs to be removed, the larger the incision and the bigger the resulting scar is. If these patients are correctly treated, these men are some of the most thankful and appreciative patients.

In summary, gynecomastia is a very common problem in males that is far undertreated. If identifiable causes can be found, they should be treated first. For those patients with no identifiable causes or who have been treated, surgery is a very effective option for alleviating this condition.