GYNECOMASTIA IN ADULTS

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Gynecomastia is the growth of glandular tissue in male breasts. The term comes from the Greek words gyne and mastos, meaning female and breasts (feminine form), respectively, and roughly translating to femalelike breasts. It is a benign condition that accounts for more than 65% of male breast abnormalities. Galen introduced the term gynecomastia in the second century AD. Several medical and surgical treatments of gynecomastia were described in the 1800s. The surgical technique of subcutaneous mastectomy for the treatment of the gynecomastia was first developed by Thorek and then later by Webster. Subcutaneous mastectomy was the treatment of choice until the early 1980s. Teimourian and Pearlman introduced liposuction-assisted mastectomy in 1984, and ultrasonic liposuction was developed in the late 1990s. It can occur in persons of any age, but 40% of cases occur in adolescent boys aged 14-15.5 years. Approximately 40% of healthy men and up to 70% of hospitalized men have palpable breast tissue. The prevalence rate increases to more than 60% in those in the seventh decade of life. Pathologic gynecomastia is due to testosterone deficiency, increased estrogen production, or increased conversion of androgens to estrogens. The pathological conditions associated with gynecomastia include congenital anorchia, Klinefelter syndrome, testicular feminization, hermaphroditism, adrenal carcinoma, liver disorders, and malnutrition. Many pharmacological agents can cause gynecomastia. These drugs can be categorized by their mechanisms of action. The first type is drugs that act exactly like estrogens, such as diethylstilbestrol, birth control pills, digitalis, and estrogen-containing cosmetics. The second type is drugs that enhance endogenous estrogen formation, such as gonadotropins and clomiphene. The third type is drugs that inhibit testosterone synthesis and action, such as ketoconazole, metronidazole, and cimetidine. The final type is drugs that act by unknown mechanisms, such as isoniazid, methyldopa, captopril, tricyclic antidepressants, diazepam, and heroin. The objectives of surgical management for breast gynecomastia are (1) to restore the normal male breast contour and (2) to correct deformity of the breast, nipple, or areola. In surgical department were admitted and operated 10 men during 2005-2007y. Was performed subcutaneous mastectomy. The most common approach was the intra-areolar incision, or Webster incision. The Webster incision extends along the circumference of the areola, and the length of the incision varies. Compression garments are applied for at least 2 weeks. Postoperative complications were absent.Regardless of the etiology of gynecomastia, the prognosis is excellent. Studies have shown that 90% of physiological gynecomastia involutes spontaneously within 2 years. In pathological-induced gynecomastia, medical or surgical treatment of the cause regresses gynecomastia, in most cases.