

GYNECOMASTIA: BREAST TISSUE REMOVAL THROUGH A SINGLE PUNCTURE INCISION

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BACKGROUND

Gynecomastia is a condition in which excessive male breast development is found. The literature reports an incidence of 32–65% in the male population. Early treatment is indicated to avoid important physical and psychological impacts. The medical treatment has had limited success, while the surgical approach, with the use of excisional techniques has been accepted as the gold standard. With the introduction of suction-assisted lipectomy and minimally-invasive techniques, the treatment of gynecomastia has offered excellent results, leaving only a well-concealed scar which eliminates the stigma of breast surgery.

OBJECTIVES

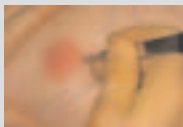
To present the clinical experience of 12 patients with gynecomastia in which the breast tissue was removed through a single 3mm puncture incision. To describe a simple, safe and reliable technique for the removal of the dense, fibrous male breast tissue that can offer predictable results and a minimal external scar.

MATERIALS AND METHODS

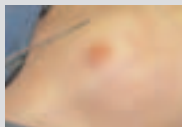
Twelve patients were operated between March 2000 and December of 2003. They were all performed by the lead author and part of the private practice of the **Aesthetic Center for Plastic Surgery in Houston, TX.**

The procedure is carried out under general anesthesia. A small, axillary puncture is performed for tumescent infiltration and suctioning. Then, a 3mm periareolar incision is made at 6 o'clock of the respective side to be treated (**Pictures 1 and 2**). Although ultrasound-assisted liposuction has emerged as a safe and effective method for the removal of breast tissue in males, the authors preferred the standard method provided by conventional suction-assisted devices. Lipoaspiration in the breast area is performed in a standard fashion, with a radial direction from the periareolar puncture incision and axillary incision (**Pictures 3 and 4**). Through the periareolar incision, thin, blunt-tipped scissors are introduced, grasping subareolar tissue as demonstrated in **Picture 5**. Areola is undermined and ducts are transected (**Picture 6**). Strips of glandular tissue are created and removed through this same opening using hemostat and scissors (**Picture 7**). Glandular tissue is removed and careful undermining is conducted to correct any irregularities (**Picture 8**). Glandular strips are excised in a "piece meal" fashion, as seen on **Picture 9**. One 4-0 catgut suture is placed to close the skin (**Picture 10**). Paper tape or steri strips are used to reinforce skin closure. No drains are left. The patient wears a compression vest for 7 days.

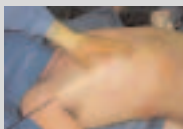
DESCRIPTION OF THE TECHNIQUE



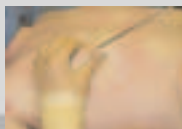
PICTURE 1: A 3MM PERIAREOLAR INCISION IS MADE AT 6 O'CLOCK.



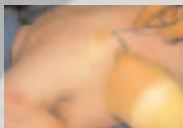
PICTURE 2: AN AXILLARY PUNCTURE IS PERFORMED FOR TUMESCENT INFILTRATION.



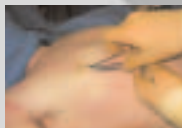
PICTURE 3: LIPOSUCTION IS PERFORMED FROM THE AXILLA WITH CONVENTIONAL TECHNIQUE.



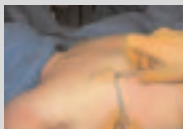
PICTURE 4: RADIAL LIPOSUCTION IS PERFORMED FROM THE PERIAREOLAR PUNCTURE INCISION.



PICTURE 5: GRASPING SUBAREOLAR GLANDULAR TISSUE



PICTURE 6: UNDERMINING AREOLA AND TRANSECTING DUCTS



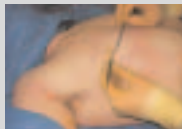
PICTURE 7: UNDERMINING GLANDULAR TISSUE



PICTURE 8: EXCISING GLANDULAR TISSUE IN "PIECE-MEAL" STRIPS THROUGH THE SAME PUNCTURE INCISION



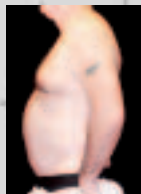
PICTURE 9: GLANDULAR STRIPS EXCISED.



PICTURE 10: CLOSED INCISION WITH A SINGLE, BURIED 4-0 CATGUT SUTURE.

RESULTS

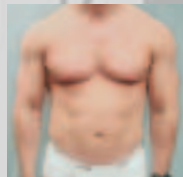
- All 12 patients obtained excellent results with no complications in a 36 month follow-up period.
- By utilizing piece-meal removal of the residual breast gland, the resulting scar is smaller and less conspicuous without compromising the final contour.
- All 12 patients treated with this technique demonstrated a smooth, masculine breast contour with a well-concealed scar.
- The technique is fast, easy, straightforward and provides excellent consistent results.



PICTURE 11A: PRE-OP (RIGHT LATERAL)



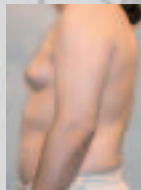
PICTURE 11B: POST-OP (RIGHT LATERAL)



PICTURE 12A: PRE-OP (FRONT)



PICTURE 12B: POST-OP (FRONT)



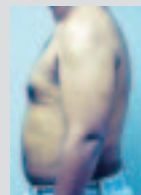
PICTURE 13A: PRE-OP (RIGHT LATERAL)



PICTURE 13B: POST-OP (RIGHT LATERAL)



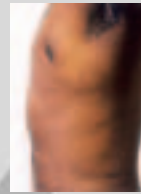
PICTURE 14A: PRE-OP (RIGHT LATERAL)



PICTURE 14B: POST-OP (RIGHT LATERAL)



PICTURE 15A: PRE-OP (RIGHT LATERAL)



PICTURE 15B: POST-OP (RIGHT LATERAL)

CONCLUSION

We are optimistic with our results and believe this method of breast tissue removal by means of a single puncture incision could be the treatment of choice to correct this abnormality. The authors have found this technique to be effective in treating most grades of gynecomastia. The procedure is technically straightforward and provides consistent results.

REFERENCES

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