

(Parkland Life Column for November 2009)

Often Overlooked: Male Breast Reduction

By David J. Levens, MD, PA, FACS

When the subject is breast reduction, the discussion is typically about women. However, excess breast tissue in one or both breasts occurs in an estimated 50% of the male population. Though the condition (gynecomastia) typically does not cause the physical discomfort produced in women, it often creates significant social trauma, especially for teens and younger men. Many wear heavy, loose-fitting shirts and steer clear of sports and the beach to avoid embarrassment and teasing.

Excess fat or glandular tissue, are the culprits, creating a "female" contour. Although there are rare causes, usually gynecomastia is "idiopathic". Diet and exercise can help with generalized fat, but cannot be directed to the specific shape of the chest fat. Neither will help reduce excess glandular tissue. Indeed, as muscle beneath the breast is built up with chest exercises, the overlying fat and glandular tissue may be pushed further forward and become more noticeable. Common in early puberty, the condition often resolves by age 18 or 19. Surgical breast reduction should be delayed at least until age 16 or 17 after several years of persistence of the condition and when the patient is more mature, both physically and emotionally.

If the enlargement is being caused by excess fatty tissue, liposuction alone may resolve the problem. Results are permanent, although subsequent obesity or exposure to anabolic steroids, for example can cause recurrence. If the problem is caused by excess glandular tissue, it may be necessary to directly remove the excess tissue through a small incision at the lower edge of the areola in combination with or without the liposuction. The area must be contoured carefully to create a smooth appearance. In rare cases with excess skin, incisions are made around and beneath the areola, as with a female breast lift or reduction, leaving longer scars.

Patients typically return to work in a few days unless the work is extremely strenuous. Scarring around the nipple is minimal. There can be minor post-operative bruising, swelling, and occasionally fluid build-up. An elastic pressure garment is worn for 3 weeks and sun exposure is avoided for several months. Temporary numbness may persist for up to one year. Infrequent complications associated with any surgical procedure include bleeding, fluid collection, infection, unsatisfactory scarring or contour irregularities. Post-operative asymmetry, while rare, is possible and may require a secondary procedure to remove additional tissue and create better balance.

Post-recovery, the patient enjoys a firmer, flatter, more contoured chest which fits the standard "male profile". Subsequent exercise to tone the chest muscles will produce even greater improvement.

David J. Levens, MD, PA, FACS is a Columbia University Medical School graduate, a Board-Certified Plastic surgeon, and former Chief of Surgery, Coral Springs Medical Center. Voted “#1 Cosmetic Surgeon” in 2007, 2008 and 2009, he is celebrating 20 years of practice in Coral Springs. 954-752-1020 www.DrLevens.com.