



## Understanding Gynaecomastia

Mr Alex Karidis outlines the causes of gynecomastia and his approach to treatment

**Gynaecomastia is a common condition affecting almost 35% of the male population.**<sup>1,2</sup>

The condition impacts men physically and psychologically and the treatment remains one of the most popular male procedures to date. Towards the end of last year, gynecomastia contributed to 38% of the treatments we performed at the Karidis Clinic, with the average age of patients between 25 and 35.

Due to an acceleration in men turning to aesthetics to enhance their appearance and boost their confidence over the past year, I wanted to share my knowledge concerning the condition, my take on the most effective approaches to treatment, the technique I use at my clinic as well as patient considerations for other practitioners to be aware of.

Currently, there are not any non-surgical solutions to eradicate gynecomastia. Therefore, this article should act as guidance for other practitioners to offer the appropriate pathways to their patients who wish to receive more information about gynecomastia and whether they are a suitable candidate for surgery.

### Causes of gynecomastia

Gynaecomastia refers to the Greek meaning for 'female breast' and refers to the development of obvious breast tissue in men.<sup>3</sup> While the term gynecomastia strictly refers to the enlargement of the glandular component of the breast, many patients have an excess of both fatty and glandular tissue.

Whether male or female, the breast is usually made from two components – glandular tissue and fatty tissue. The ratio of tissue in any breast varies from patient to patient. The severity of the condition differs across each patient, ranging from mild to significant enlargement of the male breast, possibly accompanied by sagging of the skin. The condition can affect one or both breasts, sometimes unevenly.<sup>3</sup>

Gynaecomastia is largely hereditary or idiopathic, meaning there is no specific reason for the cause. Although, it can also occur because of the hormonal imbalances caused by certain types of anabolic steroid.<sup>4</sup> The hormone levels in patients with gynecomastia, no matter what the degree of gynecomastia is, are usually normal. We all have male and female hormones in our body; however, it is likely that patients who do have gynecomastia have increased receptors of cells in the chest area which are more sensitive to the circulating female

hormones, thereby picking up on these hormones more than they would normally. This leads to an increased gland formation in these patients.<sup>5</sup>

There are also pharmacological agents that can increase gynecomastia as well as rare tumours of the adrenal glands and testes.<sup>6</sup>

### Treatment

I have found non-surgical treatments which target fat reduction such as cryolipolysis are ineffective when treating gynecomastia patients. This is because most gynecomastia patients have a combination of gland and fat in the male breast area and if you target the fat through non-surgical methods, the gland will be more visible leaving the patient disappointed and still facing the same problem.

The majority of gynecomastia cases can be treated with minimally-invasive surgical procedures. These procedures can minimise scarring through a combination of power assisted liposuction and a modified pull through technique of the gland via a piecemeal fashion through small incisions.

The condition of the skin needs to be taken into consideration as good elasticity is required for optimal results. The better the quality of the skin, the better the ability of the skin to contract and shrink around the pectoral muscle contours. In my experience, if a patient suffers from stretched skin that has little elasticity and is ptotic, perhaps due to previous weight gains and losses, then increased surgical techniques such as dermolipectomy are required to reduce the redundant skin to give a taut look. However, such procedures do involve extensive scarring.

The gynecomastia surgical procedure is minimally invasive, meaning an incision of less than one centimetre is made on the nipple, where the areola is located and where the brown or darker skin meets the lighter skin. Another incision of around half a centimetre is also made in the armpit.

We then use a combination of liposuction and gland removal to dispel the offending elements, at the same time sculpting the area into a more chiselled chest.

When I carry out a gynecomastia procedure, I always use a technique called 'external quilting' which I established to use in the chest. The technique was extrapolated from a facelift technique and the idea was to quilt the skin down. When you're removing tissue from underneath the skin, you're effectively leaving an empty space between the skin and muscle and,



Figure 1: Patient before and after gynaecomastia surgical procedure at Karidis Clinic



Figure 2: Patient before and after gynaecomastia surgical procedure at Karidis Clinic

immediately after surgery, you can be left with broken blood vessels that leak into the empty space, filling and causing a haematoma.

In the male breast reduction, this isn't desirable as you want a flat chest so with the quilting technique, I stitch the skin to the muscle to close off that empty space. Suturing the skin to the pectoral fascia effectively eliminates the dead space and therefore minimises the possibility of haematoma formation. Moreover, sutures help guide and contour the skin around the natural pectoral contours. It also helps guide the skin where you want it to heal. The technique, which won the Hackett Memorial Prize awarded by the British Association of Aesthetic Plastic Surgeons (BAAPS), is now widely used by other surgeons in the industry.<sup>7</sup>

### Recovery for patients

The recovery time after a gynaecomastia procedure varies from each patient and their day-to-day activity. Whilst the incisions made during surgery are very small, liposuction creates a large wound hidden under the skin. The healing process takes time, and I make sure to communicate this thoroughly to the patient, advising that adequate rest in the days after surgery is essential.

I suggest to all patients that sleeping with your upper body slightly elevated will also help any reduction in swelling and bruising. Most patients will return to their place of work within three to four days, resuming light exercise after two weeks. Patients going through the recovery process must wear a special compression vest for approximately two weeks post-procedure. I also say to our patients that all strenuous upper body

exercise must be avoided for at least three weeks after surgery.

If practitioners are receiving concerns from their patients regarding bruising, swelling and minor initial lumpiness to the area after surgery, we find this to be a very common issue which usually settles over the course of the coming weeks and months with the aid of localised massaging techniques. These concerns and likely outcomes are highlighted prior to surgery in the consultation phase. Occasionally minor revision surgery is required.

Patients can also experience numb or tingling sensations in some areas due to nerve irritation. In my experience, this usually resolves within the first six months of surgery which is in the approach to seeing the final results of the procedure after six to nine months.

### Summary

Gynaecomastia affects a large percentage of the male population. With modern techniques, treatment of gynaecomastia involves a relatively straightforward surgical procedure, with minimal scarring, that yields lifelong results. The single most important aspect that determines the success of this procedure is the experience of the surgeon using current surgical procedures to ensure the best possible result for their patients. I have found that the procedure offers an effective solution to the issues of gynaecomastia, and I expect to see an increase in men requesting treatment for this condition in the future.



**Mr Alex Karidis** has more than 25 years of experience in plastic surgery and has run his own practice in St John's Wood, London for 17 years. Mr Karidis has now expanded his non-surgical offering outside of London with the opening of the first Karidis Medispa in Beauty Bazaar, Harvey Nichols in Liverpool.

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