

Curious Case of a Young Male with Gynecomastia

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Received: 12 Aug 2024

Accepted: 04 Sep 2024

Published: 10 Sep 2024

J Short Name: J CMI

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Citation:

Joseph S, Curious Case of a Young Male with Gynecomastia. J Clin Med Img. 2024; V8(1): 1-2

A man's breast tissue developing excessively is known as gynecomastia. It is the most prevalent breast lesion in men, with a range of 30 to 40% and most cases being bilateral [1,2]. Nearly all of the patients reported feeling uncomfortable emotionally; many had trouble making new friends; most reported being mocked by others; and some reported issues with sports, wearing T-shirts, or occasionally baring oneself. Long-term instances may exhibit fibrosis and hyalinization of loose periductal tissue, which will result in non-regressing glandular hypertrophy. Treatments for these situations frequently involve medication and/or surgery [3,4].

Here I present the case of an 18-year-old male patient with Rohrich et al4 Grade Ib: minimal hypertrophy (<250 g of breast tissue) without ptosis and primarily fibrous. It was Grade I: increase in diameter and protrusion limited to the areolar region by Cordova

and Moschella 5 Classification. Under general anesthesia and tumescent infiltration of about 200ml on each side was made in and around the nipple-areolar complex. Incision was made only within areola and liposuction was made with No.4 cannula initially and fine contoured with No.3 cannula using suction assisted liposuction of about 400ml from both sides. Cross chest liposuction was done to avoid other chest scars. After liposuction, gland was removed through the same areolar incision in piecemeal as it was mainly of fibrous nature. Sufficient tissue was kept beneath the nipple-areola complex to prevent any vascular compromise and other deformities like depression or concavity of breast contour. Skin excision was not done. Client was given a compression jacket for nearly 1 and a half months with a central chest pad to maintain the contour. The outcome gave the client great satisfaction (Figures 1 and 2).



Figure 1



Figure 2

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