



## Case Report

### Treatment of Gynaecomastia by Liposuction

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#### Abstract

Since its inception in 1977 by Dr. Illouz in France, Liposuction has been widely accepted as an effective means of getting rid of unwanted fat from various parts of our body, such as the abdomen and hips for cosmetic purposes. Amongst the numerous indications of liposuction, treatment of gynaecomastia is one. There is lack of knowledge about liposuction in Bangladesh. Tulip Liposuction has been started as a cosmetic surgical procedure in Dhaka by the author since December 1997. There is no case report on gynaecomastia treated by Liposuction in our country. We are therefore reporting this case.

A 28 years old man presented with bilateral gynaecomastia (Grade II). The gentleman desired effective treatment for it, but he did not want any scar from surgery. Under G.A. liposuction was done. Normal saline, hyaluronidase and adrenaline were injected and a small incision made (less than 0.5 cm) below the breast for insertion of a metallic cannula. The total amount of extraction was one pound. The result was entirely satisfactory and gratifying.

Conventional surgery of a scar and has complications such as pain, infection, flap necrosis and wound disruption. Liposuction can achieve the same goal by a small puncture wound. There is no visible scar and complications are virtually absent. Liposuction has no "dishing effect", which occurs after subcutaneous Mastectomy. Adult fat cells cannot regenerate and since liposuction removes fat cells, recurrence does not occur.

Liposuction is a very useful cosmetic surgical procedure for gynaecomastia. This gentleman was very happy and it boosted his confidence and gave him a much better quality of life.

**Key words :** Gynaecomastia leaves, Mastectomy, Liposuction

#### Introduction

Dr. Illouz in France first introduced Liposuction in 1977. Since then it has been widely accepted as an effective means of getting rid of unwanted fat from various parts of our body, such as the abdomen and hips for cosmetic purposes. Classical Mayo liposuction consists of large cannulas (5-8 mm), noncollapsible wide bore tubing and suction apparatus similar to the ones commonly used in an operating theatre. In the mid 1980's Tulip liposuction was introduced<sup>1</sup>. Here an entirely hand operated device is used. It comprises of disposable syringes, specially designed to fit snugly to thinner metallic cannulas, with proximal ends shaped like a Tulip. The advantage of this modification is that the instrument is light and not noisy. It is also more precise and less traumatic than the traditional Mayo liposuction.

Amongst the numerous indications of liposuction, treatment of gynaecomastia is one<sup>2</sup>. There is lack of knowledge about liposuction in Bangladesh. Tulip Liposuction (the current modification) has been started as a cosmetic surgical procedure in Dhaka by the author since December 1997. There is no case report on gynaecomastia treated by Liposuction in our country. We are therefore reporting this case.

#### Case Report

A 28 years old man, an executive in a multinational firm presented with bilateral gynaecomastia. He was examined and diagnosed as having idiopathic gynaecomastia (Grade II). The Gentleman was very much conscious and desired effective treatment for it. But he did not want any visible scar of conventional surgery. He was planning to get married and wanted it done before that. When the procedure of liposuction was explained to him, he agreed to go

ahead; the indication here being entirely cosmetic. Pre and postoperative photographs were taken for comparison and evaluation of result of liposuction.

**Procedure:** Under G. A. liposuction was done on both sides using the Tulip method. Here a small puncture wound was made (less than 0.5 cm) below the breast and a metallic cannula inserted. Some quantity of normal saline, hyaluronidase and adrenaline was injected into the breast tissue before carrying out liposuction. This helps loosen the fat and glandular tissues and also reduces bleeding.



**Fig-1 : Gynaecomastia - before liposuction**



**Fig-2 : Gynaecomastia - after liposuction**

Repeated to and fro movement of the cannula along with the constant negative pressure in the syringe helped the loosened tissue from the breasts to be sucked out. (The total amount of extraction was about one pound. The surgeon determines this volume according to patient's need and he stops as soon as the contour is just right.

At the conclusion of the procedure the two small puncture wounds were closed with steristrips and stitches were not required. Light compression was applied on the treated areas with micropore straps.

The patient made a speedy recovery and went home the next morning. The straps were removed after five days and he was allowed to take a bath on the seventh day. Liposuction resulted

in bringing the breast to a normal shape. The result was entirely satisfactory and gratifying. The patient was very happy with his newly contoured breasts (Fig. I and II) and within three months he was married.

### Discussion

Classification of Gynaecomastia is based on surgical requirement. For surgical planning there are three types of gynecomastia<sup>3</sup>. **Grade I:** A localized button of tissue that is concentrated around the areola. These buttons are usually easy to remove; the chest is not fatty, and there is no skin excess. **Grade II:** Diffuse gynecomastia on a fatty chest where the edges of tissue are indistinct. This tissue is difficult to taper. Dishing was common before the introduction of liposuction. **Grade III:** Diffuse gynecomastia with excessive skin.

**Surgical technique:** The selection of local or general anaesthesia depends in part on the size of the gynecomastia. In an older man with Grade I gynecomastia, local anaesthesia is sometimes adequate. With grade II disease general anaesthesia is better. The introduction of liposuction has changed the treatment of the gynecomastia. Only patients with hard, gritty and fibrous gynecomastia may nowadays require open surgical procedure.

Conventional surgical excision of gynecomastia leaves a scar and has complications of an open operation such as pain, infection, flap necrosis and wound disruption<sup>4</sup>. Liposuction technique can achieve the same goal by a small puncture wound less than 0.5 cm in length. There is no visible scar and complications are virtually absent. Pain is significantly less and postoperative recovery is very rapid. The other advantage Liposuction is that it has no "dishing effect" (hollowing concavity resulting from excision of the breast disc), which occurs after subcutaneous Mastectomy. Adult fat cells cannot regenerate and since liposuction removes fat cells, recurrence does occur<sup>5, 6</sup>. The permanent nature of treatment as evidenced absence of recurrence is therefore another interesting fact.

### Conclusion

Liposuction is a very useful cosmetic surgical procedure for gynecomastia. This gentleman was very happy and it restored his confidence and gave him a much better quality of life.

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