SUMMARY AND CONCLUSION

Gynecomastia is a benign enlargement of the male breast. It is the most common benign lesion affect males with incidence vary according to the age of presentation i.e.: neonatal (60-90%) of all newborn, pubertal average (38%), adult onset (65%) of breast masses.

The underlying etiology usually involves the relative or absolute excess in circulating estrogen, a deficiency of circulating androgen or a defect in androgen receptors. It is either due to primary (physiological), or secondary (pathological) cause. The physiological gynecomastia can present as neonatal, prepubertal, pubertal, adult onset gynecomastia. While the pathological type might be due to: neoplasm, endocrinal disease, metabolic disorder, drug induced and familial syndromes.

Many surgeons classified gynecomastia aiming to correlate the clinical presentation of gynecomastia with the surgical treatment. A new system of classification was proposed based on glandular versus fibrous hypertrophy and the degree of breast ptosis (skin excess) in relation to the treatment with ultrasound-assisted liposuction.

The histological appearance of gynecomastia can be classified in to: fibrous, florid and intermediate type, and beside the usual cytological features, the unusual one must be carefully assessed as it might misinterpreted as a feature of malignancy and cause a diagnostic bias.

The diagnosis of a patient with gynecomastia needs clinical history taking, physical examination, and investigations. The history should include: onset, duration, history of drug intake, history of systemic diseases. General

examination of the abdomen, thyroid gland and testicular examination should be done. Local examination of both breast, nipple-areola complex, skin redundancy and axillary lymph nodes. Investigations should be limited and individualized to address abnormalities identified in the history and physical examination. Certain defined finding should prompt further evaluation, these include: FNAB, mammography, breast ultrasound and hormonal assay.

The distressing aspect to the patient is the alternation in body image. School age children particularly face considerable embarrassment regarding their gynecoid breast. Therefore, the goal in treatment is to restore the normal male breast configuration, with a perfect aesthetic result and to exclude malignant changes via the histological examination.

There are different modalities for treatment of gynecomastia. Reassurance in primary (physiological) gynecomastia and treating the cause in secondary type, leads to spontaneous regression, however if the duration of the disease is lengthy (more than 12 months) it will leave a residual mass. Medical treatment has limited success. Irradiation is a good choice for those patients with cancer prostate.

Surgical treatment include: open excision techniques (with or without skin reduction), liposuction (suction assisted liposuction or ultrasound assisted liposuction) and endoscopic intervention. Open excision techniques and suction assisted liposuction can be combined to get the best results.

The ultrasound assisted liposuction emerged is a safe and effective method for treating gynecomastia. It is particularly effective in the removal of dense fibrous male breast tissue offering advantages of minimal external

scaring. It is effective in the treatment of most grades of gynecomastia and excision techniques are reserved for sever gynecomastia with significant excessive skin after attempted ultrasound assisted liposuction.