

SOUTHWESTERN NEWS

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UT SOUTHWESTERN PLASTIC SURGEONS CORRECT BREAST ENLARGEMENT IN MEN WITH NEW MINIMALLY INVASIVE TECHNIQUE

DALLAS – January 19, 1999 – The idea of going shirtless in public fills many middle-aged men with anxiety. Though they may not be overweight, 15 to 20 percent will still develop gynecomastia; abnormal enlargement of the male mammary glands.

“Gynecomastia is much more common than most people think,” said Dr. Rod Rohrich, chairman of plastic surgery at UT Southwestern Medical Center at Dallas. “The good news is that it can be corrected relatively easily using a new minimally invasive technique called ultrasound liposuction.”

A physical exam and thorough history can allow a plastic surgeon to identify whether the enlargement is fatty, glandular or a combination of both, and if there is a history of rapid vs. slow breast enlargement.

Pubertal gynecomastia occurs in teen-age boys, usually 13- and 14-year-olds and typically resolves itself within a year, so plastic surgeons don't recommend corrective surgery unless the condition persists. This temporary breast enlargement is probably related to the normal development of testicular tissue and a short-lived increase in plasma estrogen related to plasma testosterone, said Rohrich, holder of the Crystal Charity Ball Distinguished Chair in Plastic Surgery.

In grown men, however, breast enlargement is usually related to the onset of reduced

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testicular function and an increase in fatty tissue. This enhances the chemical transformation of male hormones – androgens – to female hormones – estrogens.

Correcting fatty-tissue gynecomastia involves removing the extra breast tissue and surrounding subcutaneous tissue so the breast has a normal male appearance. Rohrich uses a special cannula – a hollow tube, which is inserted through a small incision and produces ultrasonic energy. As it passes through the areas of fat, the energy explodes the walls of the fat cells, liquefying the fat, which is removed with liposuction.

“Male body contouring is a relatively new option, particularly for those men who have lost a masculine chest profile,” Rohrich said. “This can do a lot to restore confidence. This procedure is not just sucking away excess fat. What we’re doing now is fine-tuning the way we remove and mold the chest-wall soft tissue to achieve a more natural, desired result.”

Men shouldn’t have to curtail leisure and fitness activities because of this condition, Rohrich said. “It’s important for them to realize that this is a correctable problem,” he said. “Furthermore, with current technology and specific expertise, we can truly alter the chest’s contours with virtually imperceptible tissue scarring.”

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