



MAN BOOBS

BY KAREN HANSON

Most men love breasts – on women. So what do you do if you're a guy who needs a bra?

You know, Frank can't be too comfortable with those things clanging around." Fans of *Seinfeld* will, no doubt, remember the scene. After seeing Frank Costanza's bare chest for the first time, the ever-inventive Kramer sets out to devise a male "support garment," which Frank christens the "mansiere".

Kidding aside, Frank could be the most famous poster boy for gynecomastia, a medical condition characterized by enlargement of one or both breasts in males. The size of the

growth can range dramatically from a slight swelling under the nipple to a full C-cup. Though gynecomastia is rarely discussed – and kept carefully hidden by those afflicted – it's estimated that 40 to 60 per cent of men can expect to develop the condition.

Gynecomastia has a broad range of possible causes, including obesity, hyperthyroidism, long-standing liver or kidney disease, various cancers (lung, liver, and adrenal gland are the most common) or, in rare cases, male breast cancer. Prescription drugs,

including certain blood-pressure pills and antidepressants, can cause enlargement – as can marijuana, alcohol and anabolic steroids.

Age-related hormonal imbalances often play a significant role in male breast growth. We've all seen older men at the beach, their chests almost feminine in size and shape. For seniors, breasts tend to enlarge as the production of testosterone begins to wane. What most people don't realize is that about two-thirds of adolescent boys will develop gynecomastia – adding another bump

to the emotional roller coaster called puberty. "When boys first begin puberty, they produce estrogen all day but make testosterone only at night, resulting in an imbalance," explains Dr. Sarah Lawrence, an endocrinologist at the Children's Hospital of Eastern Ontario in Ottawa. "As puberty progresses, they begin to make testosterone all day, as well." For 90 per cent of boys, the protrusions decrease in a couple of months to two years. However, an unlucky 10 per cent maintain the enlargement longer than three years.

TREATMENT OPTIONS

Dr. Lawrence and her team of medical researchers at the University of Ottawa have determined that the anti-estrogen drugs tamoxifen and raloxifene can be used to treat persistent pubertal gynecomastia. According to their study, breast size shrank an average of 45 per cent in the tamoxifen group and 66 per cent in the raloxifene group, with no apparent adverse effects. "Some people say that we shouldn't be treating gynecomastia because it's a cosmetic condition. But so is acne," says Dr. Lawrence. "Breast enlargement has a huge psychological impact on boys." At present, tamoxifen is commonly used to treat breast cancer and raloxifene is approved only for post-menopausal women with osteoporosis. Since no long-term studies have been conducted on the effectiveness of either drug on gynecomastia, medical treatment for the condition is still considered experimental.

Dr. Jerome Edelstein performs about 100 male breast reductions a year at his Cosmetic Plastic Surgery of Toronto clinic. Many of his patients lived with the condition for years before visiting his office. "Most commonly, I see men in their late 20s or 30s, who have had gynecomastia since adolescence. Some of them don't realize that their shape is not the norm or else they don't know that something can be done about it," he says. Statistics indicate that awareness of surgical options is on the rise. According to the American Society of Plastic Surgeons, 22,049 men in the U.S. and 2,000 men in Canada underwent breast reduction in 2003, up 33 per cent from 2002.

THE PROCESS

In the initial examination, Dr. Edelstein says he always addresses any underlying correctable causes of breast growth. "Surgery should not be considered a substitute for weight reduction. Also, certain drugs and medical conditions can aggravate gynecomastia and these should be dealt with first," he says. If surgery is required, the nature of the procedure will depend on whether the problem stems from excessive fat or glandular tissue (or both). Treatment falls into three "grades."

GRADE 1

What to look for: A highly localized enlargement – usually a hard lump of tissue around the nipple.

Treatment: A small, semicircular incision is made at the base of the nipple. After removing the lump, the surgeon smoothes out the surrounding area by performing tumescent liposuction, a procedure in which a large amount of salt water and anesthetic solution is injected into the fat tissue before liposuction is performed. The liquid causes the compartments of fat to become swollen and firm, which allows the liposuction cannula to travel smoothly beneath the skin as the fat is removed by a high pressure suction machine. "The scar from this procedure camouflages extremely well between the red of the nipple and the skin," says Dr. Edelstein.

GRADE 2

What to look for: Fat that's diffused across the chest, resembling a big oval.

Treatment: Because the patient has excessive fat and fibrous breast tissue (which is more resistant to tumescent liposuction alone) ultrasonic liposuction is used. First, a salt water and anesthetic solution is injected. An ultrasound probe is inserted into the fat and breast tissue, liquefying both through high-frequency vibration. Finally, the liquified tissue is removed through suction. Two incision points are required for the procedure: one in the fold under the breast and one along the nipple. Since each incision is less than one centimetre, scarring is nearly undetectable.

GRADE 3

What to look for: Excess breast and fat tissue, and sagging skin. This is the least common of the three grades and usually results from massive weight loss.

Treatment: This procedure involves removing not only breast tissue and fat but also excess skin as well. Two different approaches are used depending on the degree of skin laxity: concentric reduction for minor cases, which leaves a scar only around the nipple; and a more formal breast reduction in which the incisions go around the nipple and extend across the chest for patients with severe skin laxity. Overall, the incisions for both procedures are similar to those in a female mastopexy or breast lift.

FOR ALL THREE GRADES

Length of treatment: Male breast reduction surgery is an outpatient procedure usually performed under general anesthetic and takes about one-and-a-half hours – or up to three hours for Grade 3 gynecomastia.

Recovery time: One week. A compression vest or chest wrapping is worn for up to six weeks to help reduce swelling and conform the skin to its new shape.

Possible side effects: Complications are infrequent and usually minor. However, risks include asymmetry, bruising, fluid accumulation and infection.

Cost: About \$4000. Coverage varies from province to province. In Ontario, for example, OHIP covers excision but not liposuction.

How long do results last? The procedure reduces the number of fat cells permanently, but if the patient gains a significant amount of weight, the cells that do remain can enlarge.

Celeb call: WWE wrestler-actor The Rock is rumoured to have had it done.

Web wise: For more information, go to www.gynecomastia.org, a site created by American psychotherapist Merle Yost, who endured B-cup breasts for decades before having surgery. **e**

Editorial sources: Dr. Jerome Edelstein, 416-256-5614, 1-866-687-4273, www.plastic-surgery.yourmd.com