

# National Post

## Forget about pool parties or football ...: Gynecomastia: New types of surgery help eliminate 'extreme shame' of men with breasts

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The hard little lump appeared under his nipple when he was just 11. By the time Merle Yost was 12, he was a skinny 70-pound Grade 7 boy with breasts.

The kids in junior high nicknamed him "Tits." The girls offered him their bras as a joke. The boys groped and pinched. "Skins and shirts" was a nightmare. "If you have any shame about your body, it's right there, on display, for everybody, and of course the more you're self-conscious about it, the more everyone else is going to notice it," Yost says.

His doctor's advice was to ignore the whole problem because his "breasts" would eventually go away. Only they did not. Although he never took a tape measure to them, Yost suspects that by the time he underwent a bilateral mastectomy 10 years ago, his breasts easily filled a B cup.

"When I had the surgery when I was 33, I said I was doing it for my 13-year-old self and all the torture he went through."

The Oakland, Calif., board-certified psychotherapist suffered from gynecomastia, a surprisingly common condition defined as the "visible or palpable" development of breast tissue in boys or men. About 65% of all boys experience some degree of gynecomastia in adolescence, usually between the ages of

12 and 15, and in most cases the symptoms disappear within three months to a year, or as adolescence wanes. But in about 10% of cases (estimates range between 8% and 15%), boys are left with large, puffy nipples, or enlarged female-like breasts that can cause profound embarrassment and shame. They become socially withdrawn, avoiding pool parties, beaches, and football in the park -- anything that involves taking off their shirt. Most teenage boys living with gynecomastia have no idea what it feels like to wear a T-shirt on a steamy summer day.

But adolescents are not the only ones affected: More men are experiencing adult-onset gynecomastia caused by prescription medicines that list gynecomastia as a potential side effect, from certain heart drugs to anti-depressants.

Now, after years of being hidden behind bulky shirts and stooped shoulders, there are signs gynecomastia is coming out into the open: The number of surgical procedures for the problem leapt 48% from 1997 to 2001 in the U.S., according to new statistics from the American Society for Aesthetic Plastic Surgery. Researchers at the Children's Hospital of Eastern Ontario in Ottawa are about to complete one of the most comprehensive studies of gynecomastia in adolescents, and a new

procedure that uses ultrasonic liposuction to virtually liquefy the offending breast tissue is offering males a way to eliminate their breasts with minimal risk and scarring.

Five years ago, Merle Yost launched his own Web site that included a gynecomastia forum. Traffic was so heavy, two years ago he spun the forum off to its own domain. Since then, gynecomastia.org has "taken on a life of its own." The site averages 1,200 hits a day, with discussion boards that connect teens and men living with gynecomastia from across the U.S., Canada, Australia, New Zealand, Brazil and the U.K. "I'm 14 and I started to notice it a few months ago," reads one recent post. "Now whenever I take a shower I can't stop looking at the mirror and I just wanna take a knife to myself and get rid of them." Another 15-year-old whose nipples go "full size" in the heat and is praying the "swelling" will regress before summer camp, wonders, "when will it stop, and how?"

Yost says more than 1,200 people have responded to a confidential, online questionnaire he recently posted for a book he is writing on the subject. "So many of them ended it with, 'This is the first time I've ever talked to anybody about this, and I cried.' I mean, the level of shame here is extreme."

"The majority of boys do have gynecomastia; it's just a natural process," says Dr. Z. Paul Lorenc, an assistant professor of plastic surgery at New York University School of Medicine. The condition is caused by an altered estrogen-androgen ratio during puberty, Dr. Lorenc says. All boys produce small amounts of estrogen, just as girls produce

small amounts of testosterone.

Gynecomastia can result from an increase in estrogen stimulation, or a decrease in testosterone, throwing the proper rate of testosterone-to-estrogen out of whack. (Similar changes can take place in old age, as a man's testosterone production naturally decreases.)

Sometimes, gynecomastia can be secondary to, or a symptom of, diseases such as tumours of the adrenal or pituitary glands, chronic liver disease, or rare disorders such as Klinefelter Syndrome, in which boys are born with two copies of the X chromosome instead of the normal one, leading to insufficient levels of testosterone. The heart medication digoxin can cause gynecomastia; so can marijuana, possibly by disrupting hormone levels. Some boys appear to have a genetic predisposition to the problem. Anabolic steroids and human growth hormones can also lead to enlarged mammary glands (so-called "bitch tits") in young bodybuilders. As well, obesity can exacerbate the problem, though "true gynecomastia would be on a young man who is not markedly overweight," Dr. Lorenc says. In most cases, gynecomastia is "idiopathic," meaning cause unknown.

The condition, which usually starts with a marble-like lump under the nipple (some boys think they have breast cancer), can result in everything from large, swollen areolas to, in severe cases, C or D cup "breasts." (In most cases, male breasts are a combination of breast tissue and remnants of fat.)

Though doctors are becoming more familiar with gynecomastia, many do not know how to deal with it, Yost says. "A lot of them have no empathy or compassion

and just tell [patients] to live with it, or weight-lift or lose weight or do whatever they think they're supposed to tell them to do. They don't really understand that this may be a sign of something serious going on in the body." In addition, lifting weights only makes the problem worse, he says, "because if you develop the muscle underneath the breast tissue, it's simply going to push the tissue out even more."

Before the advent of liposuction, surgery was a major ordeal, involving a 25- to 40-centimetre incision across the chest and around the areolas. "Then, under direct visualization, using scissors and scalpels, of course, that tissue was resected and the wounds were closed," Dr. Lorenc explains. But scars on the anterior chest "don't do well," especially in males, and many teens and young men were left with horrible scars, as well as indentations and irregularities that made reconstruction extremely difficult.

The introduction of liposuction about 15 years ago was a vast improvement, replacing a massive incision with one less than two centimetres wide, through which a liposuction cannula is inserted. But while liposuction is effective at removing fat tissue, it is not so effective at removing breast tissue, which is much denser. In 30% of cases, the gynecomastia recurs.

Surgeons recently began using ultrasonic liposuction, which uses a four-millimetre ultrasonic probe that oscillates 20,000 times a minute, creating a "kind of pressure wave" that liquefies the tissue, whether it is fat or breast tissue, Dr. Lorenc says. "Then you use a standard suction cannula to aspirate the content." The technique is very effective, and the chance that someone will require a secondary procedure is "close to

zero," he says.

While he prefers to wait until a teen is 17 or 18 before he operates, Dr. Lorenc says the procedure can be life changing. "Overall, it's a very positive procedure as far as the psyche of the patient goes. It truly is a great improvement; these kids just feel much more comfortable and confident about themselves."

Yost says some men decide not to have surgery. "There are some of them who really like their breasts," he insists. "Some guys talk about how their wives really like them, and how it has really increased their sex lives. Some guys talk about how they always have a breast to feel -- there are all these different approaches to it."

But for others, it can be devastating, "because it can be just one more way that they don't measure up, or that they're an outcast or misfit or broken in some way." For them, treatment can be liberating.

After his surgery, "I took off my shirt for the first time in 25 years or more, and I was not self-conscious about it." His partner said it changed his personality in a dramatic way. "There was a freedom about me that hadn't been there before. And most of the guys who have the surgery really talk about how, all of a sudden, they feel like they can take possession of their body in a way they couldn't before."

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