A Three-Dimensional Approach To Male Chest Enhancement: A Surgical Algorithm Based On 300 Cases

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Damiano Tambasco, Roberta Albanese, Anna Scarabosio, Federica Tomaselli & Pier Camillo Parodi

Abstract

Gynecomastia is defined as a benign condition of the male caused by tissue overgrowth (Blau and Hazani in Plast Reconstruct Surg 135(2): 425–432, 2015). Its incidence ranges widely in the world population, ranging from 32 to 65% (Innocenti et al. in Ann Plast Surg 78(5):492–496, 2017). Pseudogynecomastia is a condition characterized by deposits of adipose tissue with alteration of the profile of the male thorax. It appears clinically similar to gynecomastia (Hoyos et al. in Plast Reconstr Surg 147:1072–1083, 2021). Several classification systems that characterize the severity of male breast hypertrophy have been described in the literature, and many surgical algorithms have been formulated for its treatment (Holzmer et al. in Plast Reconstruct Surg-Global Open 8:e3161, 2020). The purpose of this original article is to provide a comprehensive surgical algorithm for the management of male chest enhancement based on severity, as defined by the Moschella scale (Tambasco et al. in J Plast Reconstruct Aesthet Surg 90:99–100, 2024). A total of 300 patients treated for bilateral breast hypertrophy are included and reviewed in this retrospective study. Patients have been diversified according to the Moschella scale. For each grade up to grade III, two subgroups were distinguished: A) pinch test less than 0.7 cm and B) pinch test greater than 0.7 cm. For Grade IV, we distinguished: subgroup A) where the distance between the inframammary fold and the nipple was < 3 cm; and subgroup B) where the distance between the inframammary fold and the nipple was > 3 cm. We developed an algorithm, based on this experience, to help to choose the best surgical techniques to perform a three-dimensional result. All patients were treated using multiple surgical techniques. In all cases, we made a reduction in the hypertrophy of the chest, obtaining the three dimensionality. Associate techniques include ultrasound-assisted liposuction (UAL) and helium plasma radiofrequency technology (HPRF). A round block mastectomy (RBm) or skin-reducing mastectomy T inverted (SRM Tinv) is reserved only in limited cases.

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