

SUMMARY

Gynecomastia is defined as palpable breast tissue measuring at least two centimeters in diameter; it is the most common breast lesion in males accounting for more than 65 % of male breast disorders, with high prevalence during puberty, early adult life and middle age.

Gynecomastia is a multifactorial disease, with no specific etiology and appears in general to be a relative or absolute increase in estrogen or deficiency of androgen, and has been reported in association with many conditions both endocrine and non-endocrine, with a large number of idiopathic cases. There is no clear relationship between the histological features and the clinical conditions responsible for gynecomastia; probably the hyperplastic breast tissue undergoes a process of maturation or senescence, proceeding from the florid to the fibrous type passing through the intermediate type.

The evaluation of the patient with gynecomastia begins with a careful history, physical examination, only in patients above 30 years old, or prepubertal cases, we have to proceed with investigations.

Gynaecomastia can be classified according to the size and amount of skin redundancy into three grades, which is useful in planning of treatment.

Regarding the treatment, in this study on 90 cases it was found that the question which technique for which breast is a difficult question

to be answered however, the overall result of the study on the three groups of patients have demonstrated that there is no such technique that fulfill the least incidence of cosmetic complications, least incidence of surgical complications, and highest incidence of patient's satisfaction for treatment of all grades of gynecomastia however the combined liposuction and excision of residual glandular tissue has the least overall incidence of complications; cosmetic and surgical; and highest patient's satisfaction. And that liposuction can correct the cosmetic complication of the surgical excision while surgical excision can treat the complication of liposuction and so combination of both techniques together lead to best results of surgical treatment of gynecomastia

Finally it was concluded that the current stat of art in treating gynaecomastia appears to be the removal of fat by suction followed, if necessary by local excision of parenchymal tissue