GYNAECOMASTIA: AN AUDIT OF THE DURBAN BREAST UNIT EXPERIENCE

Osman S*, Mansoor E, Buccimazza I

Department of Plastic and Reconstructive Surgery *

Department of Surgery

Nelson R. Mandela School of Medicine, University of Kwa-Zulu Natal

INTRODUCTION

The local gynaecomastia experience is undocumented. International treatment protocols have previously been adapted. High HIV prevalence and widespread use of HAART add a new and unique dimension to gynaecomastia management.

AIM

To compare and contrast the clinical profile in HIV positive and negative patients with gynaecomastia in Durban with a view to developing an appropriate treatment algorithm for the South African population.

MATERIAL AND METHODS

A retrospective chart review of all male patients with true gynaecomastia presenting to the Durban Breast Unit for the period 2000-2015 was undertaken after attaining ethics approval [BEO12/16 (sub-study of BCA173/15)]. Male patients with pseudogynaecomastia and other breast pathology were excluded/ A wide spectrum of variables was documented on Microsoft Excel. Statistical analysis was done with IBM SPSS version 25. A p-value <0.05 indicated statistical significance.

RESULTS

104 patients were seen over the study period. Mean age was 37 years. Gynaecomastia was most commonly attributed to be a result of puberty, HAART, use of other medications or idiopathic. HIV status was known in 49 patients. There was a 97% prevalence of HAART use in the HIV positive sub-group (n=31). Efavirenz was the most common inciting drug. Incidence of gynaecomastia correlated with duration of HAART use. Age, late presentation, advanced Simon grade and bilateral disease appear to necessitate surgical intervention more frequently. Surgery was more likely to result in cure than conservative means.

CONCLUSIONS

There is a need for gynaecomastia awareness in HIV positive and negative patients. Patients on HAART are advised to seek early advice upon noticing gynaecomastia. Drug cessation/change is likely to assist only upon early presentation. Surgeons are required to be familiar with the various surgical techniques necessary to treat gynaecomastia.