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LETTER TO THE EDITOR

# Comment to: Gynecomastia Surgery in 4996 Male Patients Over 14 Years: A Retrospective Analysis of Surgical Trends, Predictive Risk Factors, and Short-Term Outcomes


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Dear Editors,

We read with great interest the article titled "Gynecomastia Surgery in 4996 Male Patients Over 14 Years: A Retrospective Analysis of Surgical Trends, Predictive Risk Factors, and Short-Term Outcomes" by Navarro, Bohdan et al. [1].

The authors investigated a significant database that includes a very large cohort of patients who suffered from different grades of gynecomastia, evaluating any medical or surgical post-operative complications that occurred during 30-day' post-operative period. We congratulate the authors for the significant retrospective study that includes patients' demographics, surgical specialties, type of anesthesia, surgical settings, and patients' comorbidities, but we have some elements to discuss.

As stated in the paper, besides the high prevalence of gynecomastia among male patients, the studies reported in the presence literature are often limited to a small cohort of patients, or to a single-center database, or a single surgeon experience.

As highlighted in the paper, BMI, representing without any doubt a crucial feature in treatment of gynecomastia disorder, underlined a key role as predicting of post-operative adverse events. However, they are also strictly related to the pre-operative entity of the disorder and to the type of surgical procedure. Therefore, they should be strictly considered with other specific factors as well as the type of surgical incision and post-operative care [2–5].

Liposuction, or subcutaneous mastectomy such as combination of them in the same procedure, could differently affect the post-operative period and the occurrence of different complications. Typically, seroma is related to the amount of the adipose tissue damaged during the surgical procedure. Surgical dissection with scissors rather than electrocautery could reduce the incidence of seroma as well as the use of quilting stitches during the surgical procedures to avoid dead space; even compressive post-operative garment, as well as abstention from physical activity, could strongly interfere with the success of surgical procedure. Moreover, the use of surgical drains could strongly change the incidence of the post-operative hematoma that requires readmission. For these reasons, all these aspects should be considered.

Since the type (adipose or glandular) as well as the entity of gynecomastia could play a significant role in the occurrence of complications, another aspect that should be investigated is if there is a relationship between the pre-operative grade and type of gynecomastia and the incidence of post-operative complications.

Nowadays, the medicine is moving toward very high specializations and competences. The prevalence of general surgeon in gynecomastia surgical procedures emerges in the paper; it could be interesting to analyze the rate of complications concerning surgeons who belong to other surgical specialties.

The authors analyzed short-term complications; it could be interesting to evaluate the relations between pre-

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operative BMI and long-term complications, long-term outcomes, and post-operative patients' satisfaction.

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**Declarations**

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**Ethical Approval** For this type of study, informed consent is not required.

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