Surgical Treatment of Bilateral Gynecomastia

Bilateral gynecomastia refers to the benign enlargement of the male breast, either due to increased adipose tissue, glandular tissue, fibrous tissue, or a combination of all three. Surgical removal of the breast tissue, using either surgical excision or liposuction, may be considered if conservative therapies are not effective or possible.

Bilateral gynecomastia may be associated with any of the following:

- An underlying hormonal disorder (ie, conditions causing either estrogen excess or testosterone deficiency such as liver disease or an endocrine disorder)
- An adverse effect of certain drugs
- Obesity
- Related to specific age groups, ie,
  - Neonatal gynecomastia, related to action of maternal or placental estrogens
  - Adolescent gynecomastia, which consists of transient, bilateral breast enlargement, which may be tender
  - Gynecomastia of aging, related to the decreasing levels of testosterone and relative estrogen excess

Treatment of gynecomastia involves consideration of the underlying cause. For example, treatment of the underlying hormonal disorder, cessation of drug therapy or weight loss may all be effective therapies. Gynecomastia may also resolve spontaneously, and adolescent gynecomastia may resolve with aging.

Prolonged gynecomastia causes periductal fibrosis and stromal hyalinization, which prevents regression of the breast tissue. Surgical removal of the breast tissue, using either surgical excision or liposuction, may be considered if the above conservative therapies are not effective or possible and the gynecomastia does not resolve spontaneously or with aging.

Regulatory Status

Surgical procedures are not regulated by the U.S. Food and Drug Administration.
Surgical treatment of bilateral gynecomastia is considered **not medically necessary.**

**Policy Guidelines**

Gynecomastia is not considered a functional defect.

**Rationale**

As previously noted, coverage eligibility for treatment of bilateral gynecomastia is largely a contract/benefits issue, related to the distinction between cosmetic and reconstructive services. The surgical procedure may involve surgical excision (ie, mastectomy) or more recently, liposuction has been used. (1, 2) In some instances, adolescent gynecomastia may be reported as tender or painful, and the presence of these symptoms may be presented as a rationale for the medical necessity of surgical treatment. However, the pain associated with adolescent gynecomastia is typically self-limiting or responds to analgesic therapy.

To demonstrate improvement in health outcomes, controlled trials are needed that report clinically important outcomes such as improvement in functional status. No such trials were identified on literature search.

**Ongoing and Unpublished Clinical Trials**

An online search of clinicaltrials.gov identified no clinical trials that addressed surgery for gynecomastia.

**Practice Guidelines and Position Statements**

The American Society of Plastic Surgeons (ASPS) issued practice criteria for third-party payers. (3) In this document, the ASPS classify gynecomastia with the following scale which was “adapted from the McKinney and Simon, Hoffman and Kohn scales.”

- Grade I Small breast enlargement with localized button of tissue that is concentrated around the areola.
- Grade II Moderate breast enlargement exceeding areola boundaries with edges that are indistinct from the chest.
- Grade III Moderate breast enlargement exceeding areola boundaries with edges that are distinct from the chest with skin redundancy present.
- Grade IV Marked breast enlargement with skin redundancy and feminization of the breast.

According to the ASPS, in adolescents, surgical treatment for unilateral or bilateral grade II or grade III gynecomastia may be appropriate if the gynecomastia persists for more than 1 year after pathological causation is ruled out (or 6 months if grade IV) and continues after 6 months of medical treatment is unsuccessful. In adults, surgical treatment for unilateral or bilateral grade III or grade IV gynecomastia may be appropriate if the gynecomastia persists for more than 3-4 months after pathological causation is ruled
out and continues after 3-4 months of medical treatment is unsuccessful. ASPS also indicates surgical treatment of gynecomastia may be appropriate when distention and tightness cause pain and discomfort.

U.S. Preventive Services Task Force Recommendations

Surgery for gynecomastia is not a preventive service.

Summary

There are no randomized controlled trials on surgical treatment of bilateral gynecomastia that address functional impairment. Because conservative therapy should adequately address any physical pain or discomfort and gynecomastia does not typically cause functional impairment, surgical treatment of bilateral gynecomastia is considered not medically necessary.

Medicare National Coverage

There is no national coverage determination.

References


Policy History

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Signature on file

Deborah M. Smith, MD, MPH