

QUALITY OF LIFE IN THE FIRST YEAR AFTER BREAST CANCER SURGERY

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ABSTRACT

Background Gynecomastia rates up to 60% Adolescents cause pain and self-image disorders Patients that cause emotional and physical problems Can be reversed by treatment. This expected situation Controlled study evaluates surgical treatment of female breast development And its impact on quality of life. *Methods* 33 patients aged 18-50 years Progression of breast development in women aged 2-21 includes the study. Perform adenectomy. Preoperative and Six months after surgery, the patient completed Form 36 (SF-36) Quality of Life Questionnaire. The SF-36 domain was improved. General health, functional capabilities, social aspects, Vitality and mental health. *Conclusion summary* Gynecological surgery Positive changes in quality of life.

Keywords: Gynecomastia , Quality of life , Questionnaire

INTRODUCTION

Gynecomastia is the most common breast disease in men. It is worth noting that because of its incidence, Male [1,2] and its prevalence, boy 14 and 15 years old, but affects all ages and even peaks After the fifth decade of life. Although it may be reversed Spontaneously or through medication, it persists at 7.5% These patients. Whether it is Gynecomastia is caused by glandular hypertrophy and fat Cumulative, or both [3, 4] Gynecomastia may be caused directly or indirectly by Endocrine modification leading to increased estrogen or Androgen and its receptors are reduced. Presence Tumors, whether local tumors or paraneoplastic syndromes, And the drug use should always be investigated Reason [1-3, 5]. When female breasts develop slowly during puberty, Symmetrically, without clinical signs of systemic disease, The patient's condition should be maintained at Observe [1, 6]. Treatment choice depends on tumor Track and investigate certain types of use drug. Surgery is required only in the following cases Failure or spontaneous treatment with specific drugs

Return [7-10]. The psychological effects of gynecomastia cause Avoid social situations, especially patients with group activities, And posture changes to mask female breast development One of the main complaints is an indication of surgery Treatment [6, 11, 12]. Gynecomastia greatly affects the patient's condition Life, especially because it caused him to give up some Active because of his problems. Among musical instruments Currently used to measure quality of life after medical treatment Intervention, Summary of Medical Outcomes Study 36-Project Health Survey Form (SF-36) Provide universal tools to improve quality of life Sensitive and detailed assessment [13]. Surgical Gynecomastia Relief Or mitigate these effects on patients' quality of life. Therefore, the purpose of this study is to evaluate Quality of life for surgery patients Gynecomastia.

PATIENTS AND METHODS

33 male patients selected from 60 patients Patients in plastic surgery breast reconstruction department

UNIFESP dynamic diagnosis and treatment Gynecomastia. The study's inclusion criteria were clinical First diagnosis of bilateral male breast development by endocrine examination Investigate causes and complete clinical treatment And approved by an endocrinologist Prior assessment of clinical and laboratory conditions Informed consent Guardians involved in surgery and research, Be at least 18 years old and have completed at least primary education school. Exclusion criteria Clinical decompensation of male breast development Cancer, patients do not agree to participate in the study, For surgical or outpatients, the following instructions cannot be followed Follow-up, clinical or psychological decompensation Not suitable for surgery, including obesity (weight Lidocaine Index $C30 \text{ kg} / \text{m}^2$) or Drugs and cognitive abilities are not enough to answer the questionnaire. The study has been approved by research ethics UNIFESP Committee (No. 166/02). Each selected Patients signed informed consent in duplicate, Contains definitions, characteristics, Study basic principles, surgical procedures, complications and Patients are free to leave the study if needed. Patients need general anesthesia during surgery, Adenectomy with Webster technology [7], before liposuction. The patient has been released The hospital evaluates the possibility of immediate complications. Outpatient continuous treatment Assess the presence of a surgical wound Abnormal fluid collection or complications. The quality of life assessment tool is " Self-service 36 health questionnaires (SF-36) 1 week before the operation After 6 months. At the end of this period, the result is Disclose and analyze. Descriptive analysis Wilcoxon's non-parametric test [14] Preoperative and postoperative scores for eight SF-s (at 6 months) 36 domains. Use significance level B 0.05 (Or 5%)

RESULTS

Our subjects are between 18 and 50 years old, The average is 25.1 years and the standard deviation is 8.8 years. Their body mass index (BMI) ranges from 21.0 to 28.4 kg / m^2 , the average is 25.16 kg / m^2 , and the standard deviation is 4.2 kg / m^2 . As for race, whites make up 58% and blacks make up 18%. The

other 24% are brown. Vocational education Is high school (33.85%). Male breast development time varies 2 to 21 years, average 17 years. Most 91% of patients are a common cause of puberty. Use Metabolic steroids, Klinefelter syndrome and sagging Adenomas are other causes identified. Meaning Adolescent female breast growth for 20 years The average age of onset was 11.21. For patients Gynecomastia due to anabolic steroid use The average age was 29 years and the course of disease was 3 years. In The average age of Klay's syndrome is For those, 37 years, 10 years of development Diagnosed as pituitary adenoma with a mean age of 20 years, which lasted 2 years. Analyze the data of eight domains of SF-36 Non-parametric tests before and after Wilcoxon Six months after surgery, there were 33 patients. A kind Note the statistically significant differences. The following areas: general health (SfGH), $P = 0.001$; Functional capacity (SfFC), $P = 0.002$; social aspects (SfSA), $P = 0.002$; and mental health (SfMH), $P = 0.004$. Statistical Differences in Vitality Domains (SfVt) $P = 0.007$. For the field of physics (SfPA), no statistically significant differences were found, and $P = 0.097$. For sentimental areas (SfEA), no Find statistically significant differences, and $P = 0.142$. The pain domain (SfPain) is not statistically significant Significant differences were found, $P = 0.211$.

DISCUSSION

Gynecomastia is a breast disease. Male, especially during adolescence [1]. apart from Everywhere, its diversity needs to be determined Reason: Congenital or acquired [15], legal or illegal use Drugs [5, 16], tumor and paraneoplastic syndromes Non-breast cancer. Treatment varies by disease, But correcting too much breast tissue is surgery. The cases we collected show The cause of puberty is 90.1%. equality The incidence of anabolic steroid-induced breast development in women is 3.03% Klinefelter Syndrome and Pituitary Adenoma (Prolactinoma). Age of adolescent female breast development. As stated by Webster [7] and Mahoney [1], the reason is It is between 11 and 14 years of age and is therefore a powerful indicator of diagnosis. Takes time for other reasons Ranges from 2 to 3 years, with patients

ranging from 20 years To 37 years. Physical deformities can cause restrictions and disturbances Emotional and social aspects of the patient Quality of life [13, 17, 18]. Polycentric short form Select 36 questionnaires as assessment tools because it is recognized by the World Health Organization As an appropriate tool for assessing quality Life has been proven [19]. Of The structure of the SF-36 questionnaire can be determined two different domain groups: one contains Body roles and other emotional roles [20]. Of Physical roles include overall health and function Quantity, physical aspect and pain. Emotional role Including mental health, social aspects, vitality and Emotional aspects.

CONCLUSION

Positive response to male breast development surgery Changes in the patient's body and quality of life Emotional field, represented by pre- and post-operative Changes in SF-36 questionnaires.

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