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**GYNECOMASTIA AS A SOMATIC, SOCIAL,
AND AESTHETIC PROBLEM OF THE 21ST CENTURY**

**ГІНЕКОМАСТІЯ ЯК СОМАТИЧНА, СОЦІАЛЬНА
ТА ЕСТЕТИЧНА ПРОБЛЕМА 21-ГО СТОРІЧЧЯ**

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Introduction. The phenomenon of gynecomastia in men has been observed since ancient times, as evidenced by the images of Tutankhamun with a hyperplastic mammary gland. This is the most common pathological breast condition among men [1, с. 1]. In modern conditions, one of the main reasons for the development of gynecomastia has become the popularization of a muscular looking athletic body, which often required an increase in the consumption of steroid drugs. On the other hand, the problem of obesity in modern society often leads to pseudo gynecomastia and less often to its true form. The pharmaceutical industry also makes a significant contribution to the development of this condition, with the uncontrolled prescription of medications that provoke the growth of the mammary glands in men. Due to such a variety of artificially induced causes of gynecomastia, the modern clinician is faced with the problem of finding the right cause, because, with understanding the process of the disease, we can choose the most appropriate treatment tactics. In rare cases, gynecomastia may be a manifestation of an underlying cancer process or may increase the risk of developing breast cancer. Differential diagnosis of the state of breast enlargement in men should always be carried out with onco-alertness,

considering the anamnesis and detailed clinical, laboratory and instrumental examinations. The tactics of solving the problem of gynecomastia should be radical and aimed at eliminating the risk of breast cancer and aesthetic defect, since the patient's psychological discomfort really harms his psychosomatic state [2, c. 2].

Purpose of the study. To analyze and show the prevalence, social significance, complexity of the problem and the effectiveness of methods of surgical and conservative treatment of gynecomastia. To analyze the possible causes of complications after removal of the mammary gland in men. Suggest methods for effective surgical correction of this pathology and ways to eliminate postoperative complications.

Materials and methods. The study included 125 operated patients with bilateral gynecomastia in the period from 2012 to 2022, aged 21 to 48 years. Of these, 49 with true and 67 with false gynecomastia. The onset of breast changes in 35.2% (44 patients) was associated with a hormonal imbalance during puberty, which led to gynecomastia. In 65.6% (82 patients) of cases, the use of steroid drugs for muscle building and body shaping resulted in true gynecomastia. Pseudo gynecomastia in 100% of cases was associated with obesity and metabolic syndrome. In 4% (5 patients) of cases, malignancy of the breast was observed. All patients were examined laboratory and instrumental methods. Hormonal screening, breast ultrasound and, if necessary, MRI were performed. Ultrasound examination of 82 patients revealed true gynecomastia with a mean size of 3.9 cm with a range of 1.4 to 8.4 cm.

Patients with gynecomastia underwent the following main types of surgical interventions, depending on the form, severity, and clinical and anatomical changes in the mammary gland: 1) lipoaspiration, 2) surgical resection, 3) combined lipoaspiration with removal of the mammary gland.

Results. 120 patients were operated on for gynecomastia, 5 patients with a malignant form of gynecomastia were referred for treatment at the oncology center. In all patients, the postoperative period was without infectious complications. Slight swelling with single subcutaneous hemorrhages were observed in the area of the surgery. Drainage was usually removed after 2 days. For the first two-three days, elastic bandaging of the chest was performed. After removal of the drains, compression garment was prescribed for 3-4 weeks.

In 116 patients, the wound healed by primary intention, in 9 patients there were ischemic changes in the nipple area with darkening of the tissue, in 5 of them with marginal tissue necrosis. In all patients in the early postoperative period, an excess of stretched skin in the area of the breast was observed. In 19.2% of patients, in the late postoperative period, there

was a need for circular mastopexy. On average, 3 to 6 months after the operation, a positive aesthetic effect was achieved. 4 patients developed cicatricial changes in the area of necrotic areas, which underwent cosmetic surgical correction .

Discussion. The method of choice in all patients was surgical treatment based on the type of pathology identified and/or the presence of obesity. Complications in the form of necrosis of the nipple and cicatricial changes occurred due to impaired blood supply to the nipple-areolar complex (NAC) along its posterior and inferolateral surfaces. Restriction of the NAC blood supply is associated with the volume and radicalness of the operation, since the gland is removed as completely as possible, at the same time, the areola retains blood supply only due to blood flow along its upper surface, which must be taken into account when making incisions in this zone. Skin stretching in the postoperative period is depending on the presence of a large gland and reduced skin contractility. In such cases, circular mastopexy helps to achieve the maximum aesthetic result. In all operations, the preparations of removed tumors were transferred for histopathological examination to exclude the malignancy of the process, which could change the tactics of postoperative management of the patient.

Interviews were conducted with operated patients about the dangers of using steroid hormones and, as a rule, they were aware of the dangers of using these drugs and 95% stopped using them. Patients with false gynecomastia switched to a low-calorie diet, exercise and achieved weight loss.

Conclusion. Recently, the incidence of gynecomastia has been increasing on the background of obesity and / or the use of steroid drugs. The choice of treatment should be made on the basis of the severity of breast hyperplasia, the duration and possible cause of this pathology.

With the timely detection of pathological gynecomastia in the first 6 months, preference in treatment should be given to conservative methods. In the case of a process duration of more than 1 year or a genetic predisposition to oncological diseases, the surgical method is the method of choice.

Of the surgical methods of treatment, we consider the removal of the enlarged mammary gland through the circumareolar approach with or without liposuction to be optimal. The work with the patient should be carried out jointly by the surgeon, psychologist and endocrinologist. Onco-alertness in the management of patients with gynecomastia should always be present.

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**DENTAL STATUS IN CHILDREN
OF EARLY SCHOOL AGE WITH EPILEPSY****СТОМАТОЛОГІЧНИЙ СТАТУС У ДІТЕЙ РАНЬОГО
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Всесвітня організація охорони здоров'я (ВООЗ) [1, с. 1] визначає епілепсію як хронічне захворювання багатофакторної етіології, що характеризується повторюваними епізодами пароксизмальної