



Gynecomastia: The Impact of COVID-19 Pandemic on its Awareness

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Gynecomastia is the enlargement of breast tissue presenting most commonly in the post-pubescent male [1]. Most of these individuals complain of low self-esteem, social embarrassment and have a fear of malignancy rather than physical symptoms from the enlargement.

Following the lockdown measures of the recent SARS-COV19 pandemic, unhealthy eating patterns and low physical activity have ensued [2]. Conversely, there has been a boom in social media usage and content, drawing attention to one's physical appearance and a more acceptable body frame [3]. The increased internet access during the pandemic has led to a better understanding of the condition due an increase in both pictorial and descriptive information on social media platforms and also greater acceptance of its treatment [4, 5]. In the last decade, the usage of social media by the plastic surgery fraternity has increased as a means to advertise one's practice, to

promulgate the ever-changing trends, and busting lingering myths regarding certain patient perceptions [6, 7].

Also due to the social and travel restrictions, the pandemic has ushered telemedicine into the forefront. These telemedicine-related policy changes have expanded the reach and access to healthcare-related information and reduced the financial burden on the hospitals [8, 9].

An objective assessment of the gynecomastia patients presenting to the out patient department (OPD) at our center is put forward here. We observed a notable rise in the number of gynecomastia patients visiting our OPD once the travel restrictions were lifted. Prior to the pandemic, a total of 28 cases had undergone evaluation and surgical correction for gynecomastia over a period of 24 months (April 2018–March 2020) whereas a total of 26 cases underwent evaluation and surgical correction in a span of 9 months following the relaxation of travel restrictions (July 2021–March 2022) (Table 1).

The above figures show that there is a marked rise in the number of gynecomastia patients visiting our center since the upliftment of restrictions as compared to the pre-pandemic period. This may be attributed to increased awareness through social media and telemedicine-related policy changes. Also, the realization of simplicity and effectiveness of the management and the current work-from-home scenario offering a greater downtime for post-operative recovery, may have encouraged the patients to approach a plastic surgeon.

We believe, restrictions due to COVID-19 has had a positive impact in creating awareness among patients suffering from gynecomastia. It has helped the plastic surgeons to be innovative and play a key role in propagating appropriate information through various social media

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Table 1 Comparative data of gynecomastia patients across the two time periods

		Pre-pandemic	Post-upliftment of restrictions
Duration		24 months	09 months
Number of cases (<i>n</i>)		28	26
Age group	< 18 years	01	03
	18–25 years	20	19
	>25 years	07	04
Laterality	Unilateral (<i>n</i>)	05	04
	Bilateral (<i>n</i>)	23	22

platforms, thus, enabling the individuals to make a well-informed decision.

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Declarations

Conflict of interest The authors do not have other relationships/conditions/ circumstances that present a potential conflict of interest.

References

1. Malata CM, Wong KY. (2018) Gynecomastia Surgery. In: Nahabedian YM, Neligan PC, Liu DZ. Plastic surgery, Fourth Edition, Volume Five. Elsevier. Canada. pp 172-195(e3).
2. Robertson M, Duffy F, Newman E, Prieto Bravo C, Ates H, Sharpe H (2021) Exploring changes in body image, eating and exercise during the COVID-19 lockdown: a UK survey. *Appetite* 159:105062
3. Thygesen H, Bonsaksen T, Schoultz M, Ruffolo M, Leung J, Price D, Geirdal AO (2021) Use and self-perceived effects of social media before and after the COVID-19 outbreak: a cross-national study. *Health Technol* 11:1347–1357
4. Dash S, Aarthy R, Moha V (2021) Telemedicine during COVID-19 in India—a new policy and its challenges. *J Public Health Pol* 42:501–509
5. Cho MJ, Li AY, Furnas HJ, Rohrich RJ (2020) Current trends in the use of social media by plastic surgeons. *Plast Reconstr Surg* 146(1):83e–91e
6. Montemurro P, Porcnik A, Hedén P (2015) The influence of social media and easily accessible online information on the aesthetic plastic surgery practice: literature review and our own experience. *Aesth Plast Surg* 39:270–277
7. Atiyeh BS, Chahine F, Abou GO (2021) Social media and plastic surgery practice building: a thin line between efficient marketing, professionalism, and ethics. *Aesth Plast Surg* 45:1310–1321
8. Chakraborty I, Ilavarasan, PV, Edirippulige, S. (2021). COVID-19 as a catalyst for telehealth growth in India Some insights. *J Int Soc Telemed EHealth*; 9(1–4):e3.
9. Sinha V, Malik M, Nugent N (2021) The role of virtual consultations in plastic surgery during COVID-19 lockdown. *Aesth Plast Surg* 45:777–783

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