

CLINICAL CASE REPORT

Single-Stage Male Body Contouring After Massive Weight Loss—A Case Report

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Introduction: Body contouring surgeries after massive weight loss are done with the goal to improve the patient's aesthetic appearance and quality of life. Usually this is performed as a staged procedure, but we are presenting a single-stage procedure, emphasizing the fact that single-stage procedures improve the patient's degree of satisfaction and do not jeopardize the patient's health status.

Methods: Body contouring was done as a single-stage procedure in a 25-year-old man after he had lost 30 kg. The loose skin on the abdomen, anterior and lateral chest, and back, along with residual fat deposits, were addressed by liposuction, abdominoplasty, and chest-contouring surgery using boomerang flaps.

Results: Aesthetically acceptable results could be obtained by combining these procedures. Total operative time was 6 hours. There were no perioperative complications. All incisions healed in primary intention.

Discussion: Although body contouring after massive weight loss in men is usually treated as a staged procedure, in well-selected cases, it can be done as a single-stage procedure without compromising results or safety. Although a larger series of such cases would prove this more emphatically, this case report certainly demonstrates the feasibility of single-stage contouring in men. Young patients without comorbid conditions are ideal candidates.

Massive weight loss is becoming more common now, either as a result of bariatric surgery or from lifestyle changes. The resultant skin laxity and ptosis are unaesthetic and psychologically debilitating.

Most cases of massive weight loss require staged procedures to improve outcome and to enhance patient safety. In well-selected cases, this can be carried out

as a single-stage procedure, thereby reducing recovery time and increasing patient satisfaction.

A case report of single-stage body contouring in a 25-year-old man after massive weight loss is presented to demonstrate the feasibility of combining procedures safely and effectively. The considerations for doing a single-stage procedure, surgical steps, and results are presented.

Methods

A 25-year-old man previously diagnosed with obesity and diabetes came for treatment of residual fat deposits over the abdomen and ptotic enlarged breast after weight loss of about 30 kg. The patient was not on hypoglycemic agents, and blood glucose levels were well controlled by diet and exercise. The patient had a body mass index of 23 and had maintained his weight for 1 year.

On examination, the patient had fat deposits over the upper and lower abdomen and back as well as love handles and saddle bags. Gynecomastia with grade II ptosis was present. The skin of the chest wall (anterior and lateral), back, and abdomen was lax and redundant (Figure 1A through C). The penis was small and almost buried in the excess lower abdominal and pubic skin.

The patient was keen on having all the mentioned aesthetic problems corrected in one session. A thorough preoperative evaluation and counseling were done.

Surgical Technique

Preoperative markings were done with the patient in an erect posture (Figure 1D through F).

The procedure was carried out under general anesthesia with intubation. A team approach was used in the surgery, and the team included 3 surgeons. Prone and supine positioning were used. Intermittent-pressure pneumatic calf compression was used during surgery as prophylaxis for deep vein thrombosis. To prevent hypothermia, the operating room temperature was kept

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