

# Large breasts can take mental, physical toll on teens

July 16 2012, By Barbara Bronson Gray, HealthDay Reporter

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Research shows some girls with the condition have physical pain, lower self-esteem.

(HealthDay) -- For many teen girls, an overly large cup size may not be such a good thing, with many reporting serious discomfort both physically and emotionally because of their large breasts.

According to a new study, for some, these issues are troubling enough for them to seek breast-reduction surgery.

Dr. Brian Labow, the lead author of the study, performs about 100 breast-reduction surgeries a year on [adolescent girls](#), and he thought the topic had been understudied.

"I wondered, how do you measure the impact of the surgery? And do

adolescents benefit by waiting until they're older to get the surgery?" said Labow, an assistant professor at Harvard Medical School and a pediatric plastic surgeon at Children's Hospital Boston.

Macromastia -- large breasts -- is considered a common condition by plastic surgeons. According to the American [Society of Plastic Surgeons](#), there were more than 63,000 breast-reduction surgeries conducted in the United States in 2011.

Labow said girls seeking breast-reduction surgery in adolescence typically do so because they have experienced issues such as neck and shoulder pain, low self-esteem, undesired attention and difficulty finding clothes that fit.

Still, it's difficult to predict who among the big-breasted will be troubled, Labow said. "There are people with large breasts who are happy," he noted. And making a diagnosis of macromastia is not simple either, since a very short girl wearing a "D" cup size bra may be miserable, while a taller teen may feel fine with that size, he explained.

"Most [teenage girls](#) really don't want to come to a doctor and discuss this. By the time I see them, the breast has become their enemy," explained Labow.

Complicating the situation is the fact that about two-thirds of adolescents with macromastia are overweight. But Labow said effective [weight reduction](#) typically doesn't resolve the breast-size problem.

For the study, 96 girls between the ages of 12 and 21 were surveyed. They all were diagnosed with macromastia by a plastic surgeon at Children's Hospital Boston, but had not had breast surgery. Also queried for comparison were 103 healthy girls in the same age range (the "control group"), who were patients in other departments at the hospital,

had no identified breast issues and no history of eating disorders or mental health issues.

The study participants answered questions about physical functioning and pain, general health, vitality, social functioning, self-esteem, mental health, body image and eating. They also responded to a questionnaire designed specifically for this research that asked about breast-specific issues, such as their cup size, whether they had concerns about their breasts, and if they had ever considered breast surgery.

The study suggests that macromastia has a substantial negative impact on health-related quality of life, self-esteem, physical symptoms and eating behaviors among [adolescents](#), independent of a person's weight or body mass index (BMI). BMI is a measurement that takes into account a person's height and weight.

Notably, among those who were diagnosed with macromastia, there was triple the risk of eating disorders compared to the girls in the control group, even when age and BMI were taken into account.

Labow said the data support the value of allowing girls who seek breast-reduction surgery to get the procedure in adolescence, rather than making them wait until they are older. "They are suffering. If you wait about three years after menarche [when a girl's menstrual periods start], the breasts may grow slightly but not enough to necessitate waiting longer," he said.

The study was published online July 16 in *Pediatrics*.

If classified as reconstructive surgery -- making something abnormal normal -- the surgery is almost always covered by insurance, Labow added. He estimated the average cost of the 2.5-hour outpatient surgery, including five office visits, is about \$15,000.

However, in addition to cost considerations, the surgery does pose some risks, noted Dr. Malcolm Roth, chief of the division of plastic surgery at Albany Medical Center, in New York, and president of the American Society of Plastic Surgeons, in Arlington Heights, Ill. "Especially for those who are overweight, the risks include delayed wound healing, scarring and an unsatisfactory outcome," Roth said.

Potential side effects of the surgery include an inability to breast-feed and short-term changes in nipple sensitivity, said Labow.

For these reasons, Roth said it often makes sense to first encourage the teenager to lose weight, which, he concedes, can be difficult. He explained that for some, macromastia even makes it tough to exercise. "But after the surgery, girls may be better able to go to the gym and work out," he said.

Roth believes that the new research confirms what [plastic surgeons](#) have long known to be true: "There are significant physical and psychological issues [girls](#) and women with large breasts suffer from that can be resolved with breast-reduction [surgery](#)."

**More information:** For more on plastic surgery in the teen years, head to the [American Society of Plastic Surgeons](#).

[Abstract](#)

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