

Breast Implant Associated Lymphoma – a Pressing Concern for Plastic Surgeons

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Editorial

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Since Cronin and Gerow started breast implant surgery in 1960s, plastic surgeons throughout the world felt safe about the surgery¹. Multiple scientific studies revealed that breast implants were not associated with higher risks of developing breast cancer. But recently Breast Implant Associated - Anaplastic Large Cell Lymphoma (BIA-ALCL) has been in the news. In 1997 an ultrasound can detect the presence of fluid, and if present, a small amount can be aspirated with a needle and tested. Should tests called CD30 and ALK be positive, a diagnosis of BIA-ALCL will be considered². If the tests are negative, the fluid collection is considered benign. Development of seroma is not uncommon around breast implants. It is important to differentiate them from those associated with ALCL.

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In the majority of individuals, BIA-ALCL may be treated surgically by removing the implant and capsule. Although additional medical professionals may be consulted, radiation treatment or chemotherapy are typically not required³. Textured implants were found to be associated with BIA-ALCL. Since the incidence is low there is no recommendation for removal of textured implants by the medical agency or health ministry. BIA-ALCL is an unusual entity of the CD30-positive T cell lymphoma arising around breast implants⁴.

Thorough evaluation and workup of suspected cases are required to confirm the diagnosis. Therefore, routine check-up of the breast implant is important⁵.

Surgeons should advice their patients about BIA-ALCL, especially in regards to selection of implants and more importantly postoperative check-up to exclude/early detection of this rare disease. The patients should also be informed about the importance of changing the implants after ten years.

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