

Silicone Injections

Scott Liu and Alan A. Lim report in this issue on deleterious adverse effects of silicon injections for female breast enhancement.^[1]

Silicone oils (liquid silicone) have been used for decades as fillers and sculpturing agents. Silicone oils have been and are still used for soft tissue augmentation for a broad range of indications.^[2] Proponents of silicone use argue that large-volume injections, industrial grade silicone and lay persons or unskilled medical staff are responsible for the negative appearance of liquid silicone.

However, there is no food and drug administration (FDA)-approved product available for soft tissue augmentation. The major indication for FDA-approved products is retinal detachment with the removal of the material after re-attachment. In soft tissue augmentation, the removal of silicone is impossible without surgery. The use of liquid silicon is off label.^[3]

It is interesting to know that for decades, horrendous complications have been reported from silicone injections into breasts and its use has been banned by many authorities. Here both large-volume implementation and multiple small depots were used.^[4] Severe adverse effects have also been noted after the use for facial tissue augmentation.^[5-7] After illegal silicone injection, the silicone embolism syndrome has been observed

with a potential fatal outcome in about one quarter of patients.^[8]

Liu and Lim provide an excellent review on hazards and most severe complications after illegal breast enhancement with liquid silicone. The misconception of an easy and relatively cheap way to improve body sculpture can lead to disease and disaster. The authors demonstrate their way to support patients with silicone mastitis. A radical surgical removal of silicone and immediate breast reconstruction are the cornerstones of therapy. What they achieved is fascinating. However, the most important part is the strict avoidance of liquid silicone for body sculpturing.

REFERENCES

1. Liu S, Lim AA. Evaluation and treatment of surgical management of silicone mastitis. *J Cutan Aesth Surg* 2012;5:193-6.
2. Hevia O. Six-year experience using 1,000-centistoke silicone oil in 916 patients for soft-tissue augmentation in a private practice setting. *Dermatol Surg* 2009;35(Suppl 2):1646-52.
3. Narins RS, Beer K. Liquid injectable silicone: A review of its history, immunology, technical considerations, complications, and potential. *Plast Reconstr Surg* 2006;118(3 Suppl):77S-84S.
4. Peters W, Fornasier V. Complications from injectable materials used for breast augmentation. *Can J Plast Surg* 2009;17:89-96.
5. Altmeyer MD, Anderson LL, Wang AR. Silicone migration and granuloma formation. *J Cosmet Dermatol* 2009;8:92-7.
6. Schwartzfarb EM, Hametti JM, Romanelli P, Ricotti C. Foreign body granuloma formation secondary to silicone injection. *Dermatol Online J* 2008;14:20.
7. Ficarra G, Mosqueda-Taylor A, Carlos R. Silicone granuloma of the facial tissues: A report of seven cases. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2002;94:65-73.
8. Schmid A, Tzur A, Leshko L, Krieger BP. Silicone embolism syndrome: A case report, review of the literature, and comparison with fat embolism syndrome. *Chest* 2005;127:2276-81.

How to cite this article: Wollina U. Silicone injections. *J Cutan Aesthet Surg* 2012;5:197.

Access this article online

Quick Response Code:



Website:
www.jcasonline.com

Uwe Wollina

Department of Dermatology and Allergology, Hospital Dresden-Friedrichstadt, Academic Teaching Hospital of the Technical University of Dresden, Friedrichstrasse 41, Dresden, Germany

Address for correspondence:

Prof. Uwe Wollina, Department of Dermatology and Allergology, Hospital Dresden-Friedrichstadt, Academic Teaching Hospital of the Technical University of Dresden, Friedrichstrasse 41, Dresden - 01067, Germany. E-mail: uwollina@googlemail.com