

Editorial

Breast Implant Associated Lymphoma – a Pressing Concern for Plastic Surgeons

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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.

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.

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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 advise 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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