Immediate Pre-pectoral Implant Reconstruction for Silicone-Induced Breast Siliconomas: Case Report and Literature Review.

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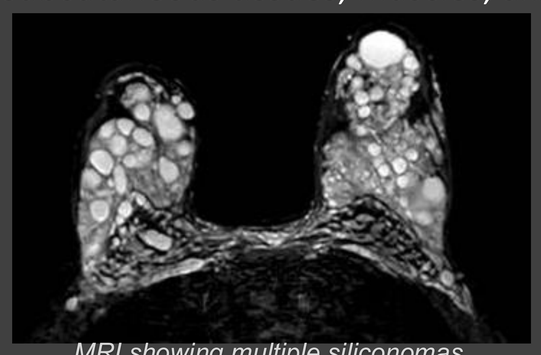
Introduction

- Free silicone injections are now banned due to severe long-term local and systemic complications
- Siliconomas are a chronic granulomatous reaction and may mimic malignancy, autoimmune or metabolic disease
- Subcutaneous mastectomy is often required
- Standard reconstruction consists of a subpectoral implant
- Subpectoral placement is sometimes contraindicated due to inflammation or muscle involvement

Case presentation

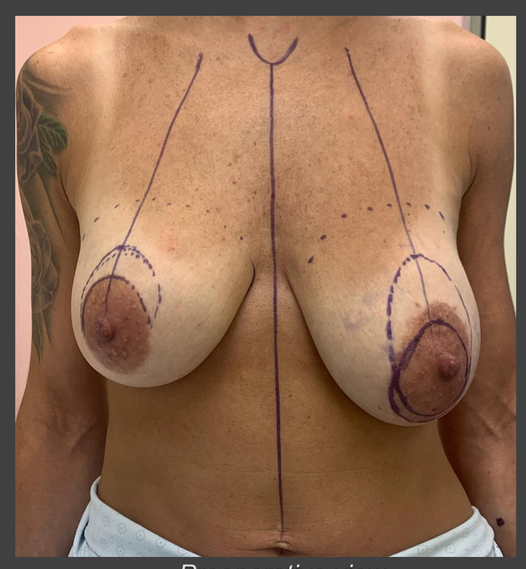
- 36-year-old woman
- History of free silicone injections (16 years prior)
- Chronic bilateral breast pain, nodularity & ptosis
- MRI: multiple siliconomas

(parenchyma, subcutaneous tissues, muscles, axillary region)



MRI showing multiple siliconomas

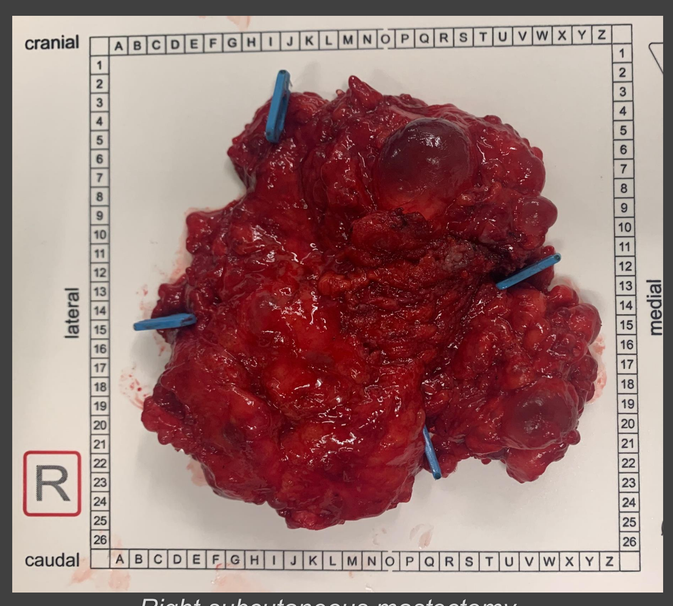
- No signs of malignancy



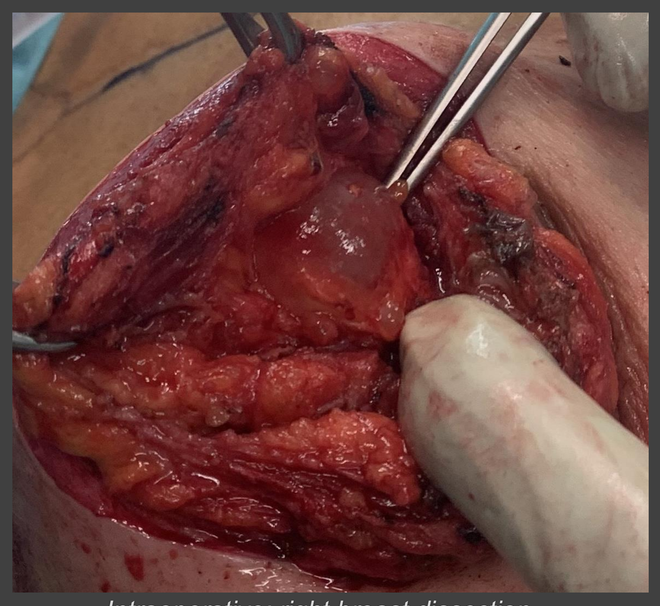
Preoperative view

Methods

- Bilateral subtotal nipple-sparing mastectomy via superior hemi-areolar approach (no areola size reduction desired)
  - ➢ Right: 177 g
  - ➢ Left: 293 g
- Mastopexy & asymmetry correction
- Multiple ruptured siliconomas
- Excision of superficial siliconomas
- Immediate reconstruction: pre-pectoral implants (Round Motiva)
  - ➢ Right: 320 cc
  - ➢ Left: 355 cc



Right subcutaneous mastectomy



Intraoperative: right breast dissection

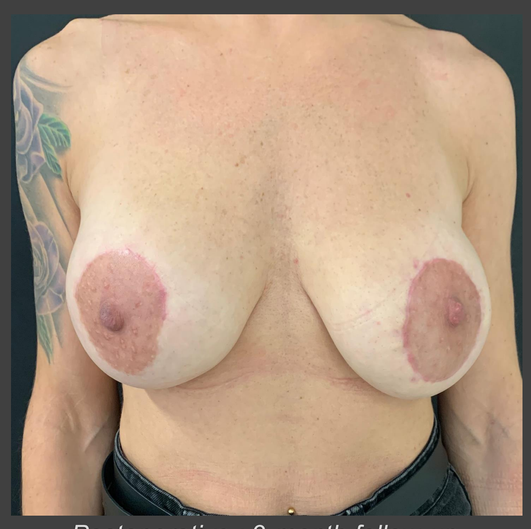
Multiple nodules excised

Serial transverse sections of mastectomy specimen

Results

- No complications
- Histology: granulomatous foreign body inflammation
- High patient satisfaction at 2.5-years of follow-up
- No palpable residual nodules or sensory deficits
- Significant pain relief
- Minimal scarring and satisfactory healing

Postoperative : 2-week follow-up



Postoperative : 3-month follow-up

Conclusion

- Siliconomas' therapeutic management is challenging and requires surgical excision and tailored reconstruction
- Autologous flaps (e.g. DIEP) are reliable but more invasive
- To our knowledge, this is the first reported case of immediate pre-pectoral implant-based reconstruction in this context

Nipple-sparing mastectomy combined with mastopexy and pre-pectoral prosthetic reconstruction is safe and effective (aesthetic and functional outcome, siliconomas associated pain).