Breast Implant Illness (BII)

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Abstract:

BII is not an official medical diagnosis. Women with breast implants who experience a variety of physical symptoms often associate them with their breast implants, referring to them as Breast Implant Illness (BII). These symptoms include, for example: fatigue, chest pain, hair loss, headache, chills, sensitivity to light and other chronic pain, rash, body odor, anxiety, drowsiness, sleep disorders, depression, and even neurological and hormonal problems. Affected patients attribute their issues to their implants, whether they be filled with saline or silicone, textured or smooth.. The recent surge in patients reporting symptoms of BII appears to be due to social media. There is a Facebook group of more than 50,000 members, all of whom report symptoms of BII. This is not to say that social media is the cause of the BII, but it may be responsible for the rapid increase in awareness and coverage.

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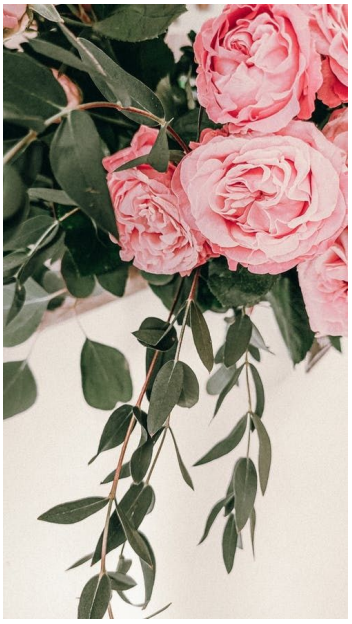

The US health authority FDA has just forced manufacturers of breast implants to provide more information about the possible consequences of their products. According to the FDA, their use can lead not only to complications from the operation itself, such as painful contraction of the tissue around the implants and tears in the implants, but also to cancer and to symptoms that can potentially affect the entire body, such as fatigue, memory loss, and joint pain -- also known as "Breast Implant Illness".

For years, patients have been complaining that they became seriously ill after the implants were inserted, but for many years they were simply not taken seriously. Many patients were given psychotropic drugs because doctors couldn't find anything wrong with them, leading them to believe that the women could not possibly be physically ill. The Breast Implant Illness (BII) has not yet been scientifically recognized, however the FDA has released a statement accepting that many women experience the disease.

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“Implants can already be contaminated when they are inserted. After all, they are pushed through a very small incision with a relatively large metal medical instrument. Microorganisms can get into the breast pocket and cause constant inflammation."

There are two different types of implants: Silicone gel implants and Saline implants

Regardless of the type of implant, the shell surface can be smooth or rough. The rough surface was developed to reduce the risk of capsular contracture.

An estimated 10–15 million women around the world have breast implants, and the number is rising. The rough implants can lead to the rare anaplastic large cell lymphoma (ALCL), and because they are frequently used, experts anticipate an increasing number of such diseases in the coming years.

So far, 300 ALCL cases connected with breast implantation have been reported to the US FDA, nine of whom have died from the tumor. Depending on the examination, an incidence of one disease in 4,000–30,000 implant carriers is assumed, with the diagnosis being made an average of ten years after implantation. Since the disease is so rare and no clear diagnostic criteria have been established, the incidence is uncertain, write plastic surgeons around Dr. Ashley Leberfinger from Penn State Medical Center in Hershey (JAMA Surg 2017, online October 18).

The first report appeared in 1997. Before the introduction of rough implants, there were apparently no case reports related to breast augmentation and reconstruction. Slightly more than half of the 95 people affected chose the implant for breast reconstruction after cancer, the rest for cosmetic purposes. Around 60 percent of women opted for silicone

implants, the rest for the saline solution. On average, the lymphoma appeared ten years after implantation.

In two-thirds of cases, the tumor was apparent due to a seroma around the implant, while in seven patients it was due to a cell mass, and finally six patients presented with both a seroma and a cell mass. The others suffered mainly from axillary lymphadenopathy, skin lesions, fever, sweating, or fatigue.

This is not breast cancer, but a lymphoma, i.e. a tumor of the lymphatic system that arises in the so-called capsule. The body forms the capsule from tissue around the breast implants. Many of these implants were used by the Allergan company, and they have since been withdrawn from the market worldwide.

Many doctors still swear by textured implants because they don't slip easily and don't cause capsular contracture as often, which makes the capsule painful. As long as doctors are allowed to use these implants, they do, however in countries such as Canada, Australia, and France they have been completely banned.

With an estimated number of 35 million breast implants sold worldwide in the scientific literature, the number of BIA-ALCL cases by international authorities has been put at around 800 worldwide. The clear majority of known BIA-ALCL cases have been observed in patients with textured implants. When evaluating these figures, however, it must also be taken into account that, for example, in Germany as well as in Europe in general, textured implants are used in about 90% of all cases.

The symptoms of ALCL in connection with breast implants are either an accumulation of fluid in the vicinity of the implant no earlier than 1 year after implantation (a so-called late seroma), or a lump formation on the tissue capsule. Both initial manifestations are usually easily recognizable for those affected and the doctors treating them. If the diagnosis is made at an early stage, the prognosis is very good. Removal of the implant and the capsule is usually sufficient as a therapeutic measure. For the early detection of any complications, an annual follow-up examination by a specialist and an ultrasound check are generally recommended. The FDA, which had previously recommended regular examinations by means of magnetic resonance tomography, is currently also following the recommendations for follow-up care using regular ultrasound examinations, which are also applicable in Germany and the EU.

About the author:

Franziska Buttgereit erhielt 1995 ihren ersten Blockflötenunterricht an der Jugendmusikschule Dreisamtal.

2000 wechselte sie in die Blockflötenklasse von Frau Prof. Agnes Dorwarth.

Von 2000-2010 gewann sie diverse Preise bei verschiedenen Wettbewerben, u.a dem Flötenwettbewerb in Bruchsal und „Jugend musiziert“ in verschiedenen Kategorien: Solo, Ensemble und Alte Musik.

Darunter 2007 den 1. Bundespreis in der Kategorie Alte Musik sowie den Sonderpreis der Manfred Vetter-Stiftung als auch den 2. Preis für Alte Musik beim Händelwettbewerb in Karlsruhe.

Zudem nahm sie von 1998-2010 Querflötenunterricht bei Constanze von Bausznern und Susanne Hopfer.

2005 begann Franziska Buttgereit im Kinderchor als Ensemblemitglied des Stadttheaters Freiburg zu singen, was sie auch zu vielen kleinen solistischen Rollen in diversen Kinderopern brachte.

Den ersten Gesangsunterricht erhielt sie 2007 bei Frau Prof. Ingeborg Möller und Lini Gong.

Es folgten weitere Wettbewerbe und Preise im Fach Gesang, u. a. der 1. Bundespreis in der Kategorie Kunstlied Duo beim Wettbewerb „Jugend musiziert“ und der WESPE Sonderpreis des Bundesministeriums für Familie, Senioren, Frauen und Jugend für die „beste Interpretation eines Werkes einer Komponistin”.

Diese Preise wiederum brachten Franziska nach Lübeck zu Meisterkursen bei Prof. Christiane Hampe und Michael Gehrke.

Seit 2010 ist sie Mitglied des Extrachores des Theater Freiburg und 1. Vorstand desselben seit 2017.

2015 begann sie ihr Studium für Gesang bei Prof. Christiane Libor an der Musikhochschule Schloss Gottesaue in Karlsruhe.

Bis heute folgen Kooperationen mit der Hochschule und dem Stadttheater Freiburg, was ihr u. a. zu einer kleinen Rolle in den Vorstellungen sowie der gleichnamigen DVD-Produktion „Cendrillon” von Jules Massenet verhalf.

Neben ihren Auftritten auf der Musiktheaterbühne widmet sich Franziska Buttgereit leidenschaftlich dem Oratorien- und Konzertrepertoire, womit sie regelmäßig als Solistin auftritt.