Beyond Beauty: A Case Report on Silicone Embolism Syndrome

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Introduction

Silicone embolism syndrome (SES) is a known adverse complication of silicone injection which may be potentially fatal. We present a case of SES in our center as this case might be easily missed if crucial history of augmentation was not obtained.

Case description

A 25 year old lady, previously well, nulliparous, revisited the emergency department (ED) within 24 hours with the complaint of fever, cough and shortness of breath for 2 days.On the first visit, she was discharged with the diagnosis of community acquired pneumonia. She visited again the next day, complaining of worsening symptoms and new onset of rashes seen over the trunk and breast region. Eventually, she disclosed that she underwent breast filler injection a day prior to symptoms onset.

She was alert and oriented but tachypneic. She was febrile with a blood pressure of 110/64mmHg, pulse rate was 120/min and respiratory rate was 24/min. Clinical examination revealed petechial rashes over bilateral conjunctiva and trunk. There were small puncture wounds noted over the upper outer quadrant of her breasts. Lungs auscultation was normal and other systemic examinations were unremarkable.

Arterial blood gas under room air revealed type 1 respiratory failure with PaO2 of 54.9 mmHg.

Computed Tomography Pulmonary Artery (CTPA) showed multifocal consolidation with surrounding ground glass opacities predominantly bilateral peripheral lung fields

Discussion

Cosmetic silicone injection administration continues to grow due to the increase in demand and lack of affordability of medically augmentation procedures. Adverse effects are noted to develop between 15 minutes and 2 days following the silicone injection. Commonly reported presenting symptoms of SES are: hypoxia (92%), dyspnea (88%), fever (70%), alveolar hemorrhage (64%) and cough (52%). Majority of SES cases are diagnosed with computed tomography pulmonary angiogram (CTPA), in convention to rule out pulmonary embolism with common CT findings such as peripherally distributed ground glass opacities associated with interlobular septal thickening, similar with findings in fat embolism syndrome.

Conclusion

SES is not uncommon for those who receive breast filler injection and can be lethal if not treated promptly.Therefore, detailed history taking and meticulous physical examination are paramount in detecting SES.

Keywords: Dyspnea, silicone embolism syndrome, ARDS