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, revisited the emergency department (ED) within 24 hours with the complaint of fever, cough and worsening shortness of breath for 2 days and new onset of rashes seen over the trunk and breast region.She was discharged with the diagnosis of community acquired pneumonia on the first visit. She disclosed that she underwent breast filler injection a day prior to symptoms onset.

She was alert ,febrile, normotensive, tachypneic and tachycardic. 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. Computed Tomography Pulmonary Artery (CTPA) showed multifocal consolidation with surrounding ground glass opacities predominantly bilateral peripheral lung fields.

She was started on nasal prong oxygen and intravenous drip, was admitted to ICU for 2 days. In ward she developed hemoptysis with evidence of pulmonary hemorrhage noted in repeated CT and Bronchoscopy, then she was started on Methylprednisone. She was eventually discharged with tapering dose oral prednisolone after a total of 11 days of admission and follow up at respiratory clinic.

 Discussion

Presenting symptoms of SES are non specific, mainly: hypoxia, dyspnea, fever, alveolar hemorrhage and cough. Adverse effects are noted to develop between minutes to days following the silicone injection. Majority of SES cases are diagnosed with CTPA, in convention to rule out pulmonary embolism, showing findings similar to fat embolism syndrome. Mainstay treatment for SES is supportive care. The use of corticosteroid is controversial and administered after weighing risk and benefit.

 Conclusion

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

Keywords: Dyspnea, silicone embolism syndrome, ARDS