References (to live on Project Health Website)


Chronic silicone complications: recurrent cellulitis like reactions +/- SQ nodules, ulceration, LAN, and constitutional sx. This is a chronic granulomatous reaction associated with high levels of TNF-α. May be chronic or relapsing. May be at the site where silicone was initially injected or distant from that site because of migration of silicone.

Steroids most effective, but need to be tapered. Use alternate drugs for maintenance (steroid sparing). TCN antibiotics for their anti-inflammatory rather than antimicrobial effect have been most often reported in the literature. May take months to have effect if used alone. Other treatments reported in the literature include topical imiquimod, TNF-α inhibitors, hydroxychloroquine, allopurinol, high dose antihistamines, and even tacrolimus with cyclosporine for refractory cases.

Surgery may be effective although difficult. However, chronic inflammation should be under control before surgery is attempted to decrease the risk of formation of ulcers, migration, infection, and fistulas.
What is silicone pumping?

What are the complications?
Acutely - infections. Acutely although rare severe silicone syndrome with severe breathing problems that often result in the need to be placed on a machine to breath in the ICU, permanent brain damage. And 1 in 4 people who get acute silicone syndrome will die, even if treated at a hospital.
How can you minimize your risk?

If you get sick, go to the hospital and bring this flyer because on the back there is important information for your doctor.

No adulterants
Wait 2 years
Hibiclens
Smaller doses spaced out
Avoid intravascular injection

If you had a prior reaction, never again