

## Is the Use of the Breast Implant Capsule for Reconstruction Safe?

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Sir:

I would like to congratulate Mesa et al<sup>1</sup> for their excellent study published recently, entitled “Interpositional Arthroplasty Using Mammary Capsule for Finger Joints: A Novel Technique.” The authors describe the use of the breast implant capsule, that presented contracture, as an autologous material for joint interposition in the case of arthroplasty due to arthritis. The use of autologous materials for reconstructions is well known and discussed, and there is a consensus that, when possible, the use of autologous tissue is better than the use of synthetic materials.

Despite the creativity in the use of the breast implant capsule as an autologous biological material, one question needs to be raised: the relationship between the breast implant capsule and the anaplastic large cell lymphoma (BIA-ALCL).

The BIA-ALCL has been widely discussed worldwide, and its etiopathogenesis is still unknown, but it seems to be related to the friction between textured breast prosthesis and the capsule. This friction has the potential to generate a chronic inflammatory process that, in general, leads to late seroma and/or capsular contracture associated with inflammatory symptoms. The diagnosis is made through the explant, with analysis of the biologic material (seroma and fragment of the capsule) through immunohistochemistry. The recommendation of the main plastic surgery societies in the world has been the explantation with total capsulectomy, which, in the initial stages, is the effective treatment.<sup>2</sup>

Barbosa et al<sup>3</sup> already emphasized the importance of capsulectomy in cases of calcification of the capsule because its maintenance could hinder mammographic screening

for breast cancer, as it would confuse the radiologist for the detection of possible grouped microcalcifications.

There are no studies that allow us to conclude that the use of the breast implant capsule in reconstructions, as in the present case, may predispose to the development of the BIA-ALCL. However, it must be considered that the inflammatory process already present in arthritis may act in the same way as that of the textured prosthesis. Therefore, it is a very relevant topic that must be discussed and considered when using this type of autologous material.

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### DISCLOSURE

The author has no financial interest to declare in relation to the content of this article.

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