

Somatic Symptom Disorder Patients Seeking Aesthetic Procedures: Tricky Situations in Clinical Practice

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Strong psychological factors generally accompany patients seeking plastic surgery or aesthetic procedures.¹ Most of them have high self-esteem, with a desire to improve their confidence; however, after the operation, such as breast augmentation or facial injection, some patients may present with an unexplained obsession with a minor flaw. Besides, these patients usually have intense mental symptoms, such as depression, anxiety, interpersonal sensitivity, and social disorders, and they are also accompanied by physical symptoms, including pain, tachycardia, loss of appetite, and sleep disorders.² A considerable number of these patients even ask to take out the implant or injected filler; unfortunately, these symptoms usually will not improve after the removal surgery. This kind of patient is considered suffering from somatic symptom disorder (SSD), which is observed in 5%–15% of cosmetic surgery patients, whereas only 1%–2% of the general population is afflicted.^{1,2} Performing procedures for the SSD patients has risks, not only causing further distress on the patients' post-operation but also continually consuming the time and energy of the plastic surgeons to treat such patients.¹ Most of the SSD patients refuse to receive psychotherapy and are likely to move to litigation or to threaten bodily harm and physical violence to the surgeons.^{1,3} Therefore, for aesthetic physicians, identifying SSD patients in advance of the surgery is crucial to reduce these potential risks.¹

Mostly, plastic surgeons or dermatologists do not conduct systematic examinations on patients seeking cosmetic surgery. However, when treating some patients, especially first-time visitors, a detailed consultation helps the physician discover potential SSD patients in time. The use of professional mental scales of making a diagnosis is not realistic for physicians. Some hints of symptoms and history may help remind physicians that some patients seeking facial cosmetic injection may be in a somatic symptom disorder condition (Table 1).^{2,3} Under such circumstances,

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Table 1. Some Hints of Situations for Physicians to Consider Excluding the Possibility that Patients Seeking Facial Cosmetic Injection May Be in a Somatic Symptom Disorder Condition

	Subject
A	Menopausal woman
B	First-time visitor
C	Patient complains having poor experience of cosmetic procedures in the past
D	Chronic pain without definite cause
E	Other long-term discomforts, such as fatigue, syncope, dizziness, chest pain, shortness of breath. The patient feels worried or distressed toward these discomforts

these patients may be suggested to seek further consultation with psychiatrists in time.

As a matter of fact, there is insufficient knowledge about the specific causes of SSD after plastic surgery. The post-operative mental disorder of some patients may be caused by organic lesions rather than by primary somatic symptom disorder, especially for those patients who were without a strong neuroticism pre-operation. It has been reported that some patients presenting with mental symptoms (such as anxiety, depression, or memory loss) after filler injection were due to mild frontal lobe infarction, the impaired brain emotional center induced by a small amount of filler entering the intracranial blood vessels through the damaged anastomotic branches of the internal carotid artery and the external carotid artery.^{4,5} The understanding of this field needs further research.

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