

Emergency extrusion and explantation: consequences of intrusion in Venezuelan plastic surgery. Venezuelan case report

Summary

It should be noted that intrusion is understood as the exercise of the activities of professionals by people not authorized to do it, despite having a degree in a speciality that includes the basic surgical skills to perform a procedure. In post-augmentation mammoplasty patients, a seroma warrants timely diagnosis and appropriate treatment; a delay can cause extrusion of the implant.

Objective: Report the case of an emergency surgical extrusion and explantation resulting from an augmentation mammoplasty performed by a professional not certified in Plastic Surgery.

Clinical case: 19 years old female with a history of augmentation mammoplasty by a General Surgeon 6 months previously, who developed a seroma in the right breast 2 weeks prior to admission and, since it was not treated, went to the emergency room with extrusion of round textured right breast implant and phlogosis. Bilateral emergency surgical explantation and antibiotic coverage were performed.

Communication: Explantation may be indicated in multiple scenarios including complications such as extrusion. The risk of extrusion includes several factors, including infection, seromas, hematomas, or incorrect surgical technique when placing the implant. In the present case, intraoperative findings revealed after bilateral explantation that the implants were located in a subglandular plane and the left one was beginning to generate skin retraction. After extrusion of an implant, it is a priority to cure the infection and maintain the size of the breast until it is safe to place a new implant.

Keywords: intrusion, breast implant extrusion, explantation

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Introduction

It should be noted that intrusion is understood as the exercise of the activities of professionals by people not authorized to do it, despite having a degree in a speciality that includes the basic surgical skills to perform a procedure.¹ It often happens that some medical professionals are not prepared with the extensive knowledge, both theoretically and practically, of each of the areas involved in the breast surgery.¹ In post-augmentation mammoplasty patients, a seroma warrants timely diagnosis and appropriate treatment; a delay can cause extrusion of the implant.²

Case report

19 years old female with a history of augmentation mammoplasty by a General Surgeon 6 months previously, who developed a seroma in the right breast 2 weeks prior to admission and, since it was not treated, went to the emergency room with extrusion of round textured right breast implant and phlogosis. Bilateral emergency surgical explantation and antibiotic coverage were performed.

Discussion

Explantation may be indicated in multiple scenarios including complications such as extrusion.³ The risk of extrusion includes several factors, including infection, seromas, hematomas, or incorrect surgical technique when placing the implant.⁴ According Hernanz L, Guzmán E, et al.⁵ after extrusion of an implant, it is a priority to cure the infection

and maintain the size of the breast until it is safe to place a new implant having relation with the postoperative management of the present case. Prepectoral implant-based breast reconstruction is deemed to be a promising alternative to subpectoral reconstruction. In fact according the systematic review and Meta-Analysis of Awadeen A, Fareed M et al.⁶ there was no significant difference between both groups regarding the risk of implant extrusion. However, compared with the irradiated breasts after breast prepectoral reconstruction with implants, there were more vulnerable to develop wound infection and loss implant. For that and many other reasons and contrary with the presented case, the safest plane to use a breast implant is a retropectoral plane.

Human acellular dermal matrix (ADM) can augment prepectoral prosthetic-based direct-to-implant breast reconstruction by providing an additional soft-tissue layer between breast implant and skin, as well as to reinforce the inframammary fold and breast pocket.⁷ However, in our country those cellular or acellular matrix are not available for all the patients in terms of expensive cost.

Medicolegal action is one such challenge that all surgeons will meet in their careers⁸ and in the case of intrusism is not an exception; however in the present case, the patient decided to not take her surgical complication and to not take deal or treat again with her first surgeon. The most obvious surgical blunder is the technical error. The way to minimize such errors is to learn the technical skills through practice, experience and attending postgraduate's studies, fellowships and courses, and to avoid operating when exhausted, unwell, or when the operation is far beyond the limit of one's competence.⁹

According to Gibstein A, Jabori S et al.¹⁰ their study highlights the importance of residents' education with regard to their legal knowledge. Although dependent on the program, institution, and location, residents do have resources available to them for malpractice education and protection. However, literature has shown that residents are often unaware of such. At a single institution, 75% of residents surveyed were unaware of resources available to them in case of litigation.

The most feared complication of breast implant placement is extrusion due to the absence of living tissue coverage. In most cases the origin is an implant infection or failure of healing or viability of breast tissue. The treatment of an extruded implant is complex and may involve the need for multiple cures and reinterventions.⁵

According to Duque B, Huelves DJ et al.¹¹ when a patient presented an implant extrusion, it is possible to close the wound with local tissues, and placing a gentamicin-collagen sponge in the same pocket of the implant.¹¹ They had found no references concerning the use of absorbable gentamicin-collagen sponges for the management of implants or expanders when they have become exposed or infected. The local application of gentamicin-collagen sponge affords elevated regional concentrations of antibiotic that may act on bacteria usually considered to be resistant with less discomfort for the patient.¹¹

Conclusion

It is important for all surgical residency programs to insist on continuous medical education to avoid intrusion, a big problem with cosmetic, aesthetic and reconstructive surgeries around LATAM.

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Conflicts of interest

The author declares no conflicts of interest.

Ethical approval

This research complies with the World Medical Association Declaration of Helsinki on medical protocols and ethics.

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