

<https://doi.org/10.29289/259453942022V32S1076>

515 - SURGICAL EXERCISE OF INDUSTRIAL SILICONE IN A TRANSVESTI AFTER INFECTION: A CASE REPORT

Maysa Ramos de Lima¹, Ana Thereza da Cunha Uchoa¹, Ana Vitória de Sousa Melo¹, Maryanne Martim Furtado Lacerda¹, Taynah de Almeida Melo¹

¹Faculdade Nova Esperança – João Pessoa (PB), Brazil.

Industrial liquid silicone (ILS) has been used clandestinely to modify body contours in Brazil. It is noted that both men (transvestites) and women (mainly sex workers) have been using ILS injections into the breasts. Its use can cause complications, such as infections, migration of the product to other areas of the body, deformities, siliconomas, tissue necrosis, and many other health problems. ILS is not sterile and is not intended to be applied to humans. In addition, a siliconoma is frequently found in silicone mastopathy and is probably related to the increase in breast cancer expansion, most likely due to an abnormal opening of lymphatic channels close to the granulomas and in the silicone migration sites. The authors reported that the injection of silicone breast exeresis in a male homosexual patient was performed by a layman and without medical assistance for 46 years and, in addition, complaining for 1 year. Patient HS, 61 years old, male, working as a janitor, currently retired, with a history of industrial silicone application in the breasts for 46 years, sought medical assistance with the desire to remove the silicone after manifestation of breast tenderness, ecchymosis, and edema in both breasts 1 year ago. On examination, the presence of bilateral diffuse nodules was detected, and a detailed characterization was not possible during palpation due to edema and mastalgia, medium volume breasts, without ptosis or sagging, and well-positioned nipple-areolar complex (NAC). Liver function tests, mammography, and chest x-ray were performed, also all other routine presurgical tests with normal results. The mammography showed findings of benign bilateral and radiological siliconomas of BIRADS category 0. The patient was referred for psychological evaluation and follow-up, for subsequent surgical treatment. The procedure adopted was silicone excision with a bilateral simple mastectomy, which was uneventful and, later, the patient was discharged after 24 h. He is currently in postoperative recovery and awaits postsurgical evaluation.