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Anaplastic large cell lymphoma associated to breast implants in Latin America

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BREAST IMPLANT-ASSOCIATED ANAPLASTIC LARGE-CELL LYMPHOMA IN LATIN AMERICA

LINFOMA ANAPLÁSICO DE CÉLULAS GRANDES ASOCIADO A IMPLANTES MAMARIOS EN LATINOAMÉRICA

Gianella F. Ugarte ^{1a}, Carlos Noriega-Baella ^{1b}

Dear Editor:

After reading the 2023 publication by Manjarres A. et al. in your esteemed journal on cancer and breast implants, I would like to contribute additional data regarding breast implant-associated anaplastic large-cell lymphoma (BIA-ALCL) in Latin America. This work highlights the lack of knowledge and evidence in Latin American countries, a crucial aspect given the classification of BIA-ALCL as a new pathological entity by the World Health Organization in 2016 ⁽¹⁾.

BIA-ALCL is a rare T-Cell Non-Hodgkin's lymphoma, uncommonly linked to an increased risk due to the use of breast implants, especially textured ones ⁽²⁾. Additional factors, such as bacteria, chronic irritation, and genetic predisposition, have also been identified as contributors ⁽³⁾.

Although breast implant registries have been established in various countries, like the PROFILE in the U.S. ⁽⁴⁾, the incidence of BIA-ALCL remains limited. In Spain, there is also a breast implant registry called the Spanish Breast Implant Registry. From 1997 to 2018, significant studies on BIA-ALCL have been conducted, such as that by Miranda RN et al ⁽⁵⁾.

According to the systematic review by Torres A et al., there were 118 cases, in which the majority were women, and 3% were men at birth. In 77% of the cases, race was not recorded: 19% were described as White, Caucasian, or European; 3% as Latino; and one case as African American. The highest prevalence was in the U.S. with 39%, followed by the United Kingdom and Spain; each with 9%. In Latin America, there were three cases in Brazil and one in Mexico ⁽⁶⁾.

In 2020, the CDC issued a warning about implants, reflecting significant advancements in the medical literature. Despite this, more than 10 million people globally have textured implants ⁽⁷⁾.

According to the study by the Ibero-Latin-American Federation of Plastic Surgery (FILACP, by its Spanish acronym) Implant Registry Committee, there is evidence of a transition to smooth breast implants instead of textured ones among Latin American plastic surgeons. The proportion of textured implants decreased from 85.1% in 2016 to 53.8% in 2020, while smooth ones increased from 12.7% in 2016 to 42% in 2020. This possibly relates to concerns about the risk of BIA-ALCL. As of April 2020, 106 cases of BIA-ALCL were registered in nine countries of the FILACP: Argentina, Chile, Colombia, Spain, Mexico, Panama, Portugal, and Venezuela; Brazil was the most affected with 28 cases ⁽⁸⁾.

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Although it is a rare complication, it should be considered that in Latin America, particularly in Brazil, many breast augmentation surgeries are performed⁽⁹⁾. In Chile, cases have been reported suggesting that BIA-ALCL should be considered as a differential diagnosis in patients with periprosthetic seroma or capsular tumors; cytological study of the periprosthetic effusion is useful for an early diagnosis of BIA-ALCL⁽¹⁰⁾.

Moreover, in Panama, cases of BIA-ALCL have been documented in patients with textured prostheses, and a study in Mexico, with a population of 87 cases, found eight cases with textured breast implants, supporting the theory of its presence in Latin American countries⁽¹²⁾.

In Peru, this issue is addressed following the safety communication of technovigilance No. 002-2019, highlighting the risk of developing BIA-ALCL, regardless of the texture or type of filling of the breast implants, approximately 11 years after surgery. It is considered a lymphoproliferative disorder associated with the periprosthetic capsule. Awareness of the symptoms has been raised, but epidemiological literature in the country is lacking⁽¹³⁾.

In conclusion, the evidence suggests that BIA-ALCL represents a challenge in Latin America, underscoring the need for further research and awareness in the region to improve the understanding and management of this pathological entity.

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