

A SOCIAL MEDIA DRIFT: THE RISE OF EN-BLOC CAPSULECTOMY DEMAND

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“En-bloc Capsulectomy”. It doesn’t appear as a self-explaining term, does it? Yet it has become quite known amongst people suffering from Breast Implant Illness (BII) which have been personally requesting to plastic surgeons this specific surgical approach to implant removal.

This phenomenon owes its thanks to the power of social media that people are increasingly consulting for problems concerning their health.

But let’s take a step back; before delving into this topic, two important notions must be introduced: What do we mean by “Breast Implant Illness” and “En-bloc Capsulectomy”?

Let’s start from the Breast Implant Illness (BII) which is a term used to describe a range of systemic symptoms associated with having breast implants. While BII is not officially recognized as a distinct medical condition, thousands of women report experiencing symptoms such as fatigue, joint pain, brain fog, skin problems, and these are just few; It has been reported that patients have been attributing to their implants over one hundred symptoms! ¹. These symptoms may manifest over time and can vary in severity.

The exact cause of BII is yet to be understood, but there are several theories, including immune reactions, the body’s response to the implants, the potential release of substances from the implants into the body and the presence of biofilm ².

Moving on to the second notion, Capsulectomy refers to the surgical removal of the fibrous capsule that naturally forms around breast implants.

There’s more than one type of Capsulectomy.

En-bloc Capsulectomy refers to removal of the implant and capsule with a margin of uninvolved tissue and it represents the standard of care in the surgical treatment of BIA-ALCL ³; Total Intact Capsulectomy refers to removal of the implant and capsule alone as a single unit; Total Capsulectomy is the complete removal of the capsule, not necessarily in one piece with the implant; Partial Capsulectomy refers to some capsule left behind ⁴.

As highlighted by Keane et al. ⁵, the rise of En-bloc Capsulectomy demand directly from the patients suffering from BII its due to the misconceptions generated by the social media and the online community revolved around BII and Breast implant-associated anaplastic large cell lymphoma (BIA-ALCL). The growth of awareness of BIA-ALCL in the scientific community, thanks to the increased knowledge about it, has led to the inevitable increase in its “online popularity”.

BIA-ALCL is a rare type of non-Hodgkin lymphoma that develops around the fibrous capsule surrounding a breast implant. It’s mostly associated with textured implants and usually presents as swelling, pain, or a fluid collection around the implant. The mainstay of treatment for BIA-ALCL is nonother than implant removal with En-bloc Capsulectomy ^{6,7}.

Received: February 11, 2025

Accepted: February 11, 2025

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How to cite this article: Longo B, Cervelli V. A social media drift: the rise of En-bloc Capsulectomy demand. PRRS 2024;3:69-70. <https://doi.org/10.57604/PRRS-1051>

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This has created a great confusion in the online community, leading an increasing number of people affected by BII to believe that En-bloc Capsulectomy is the solution to their symptoms.

But is there evidence that En-bloc Capsulectomy represents the gold standard when it comes to BII?

“En bloc capsulectomy, which is a lengthy, complex, expensive and not risk-free procedure, is only necessary for patients with an established or suspected breast implant-associated cancer after appropriate medical workup”.

This statement, issued by the Breast Surgery Collaborative community (BSCC), emphasize when En-bloc Capsulectomy should be performed, therefore answering our question.

So, what about the management of BII?

BII is not completely accepted as an official medical diagnosis. It is poorly understood and there are limited studies because it is a unique condition ⁸, which is why there's still a fair amount of uncertainty about the best course of action along with the implant removal. According to some studies there is no statistical difference in the reduction of symptoms based on the type of capsulectomy; intact total, total, or partial all showed similar symptom improvement ^{9,4}, while some others highlight that a Total Intact Capsulectomy should be performed ⁶. However, not all patients achieve complete symptom resolution, indicating that other underlying conditions may also contribute. In case of previous prosthetic reconstruction, patient with suspected BII should be then reconstructed with autologous tissue after implant removal ¹⁰⁻¹⁵.

The help and support that these women suffering from BII, especially the ones that underwent surgery for oncologic reasons, have found in the online community, is undeniable.

Nevertheless, this is a clear example of how without the correct guidance of the professionals the great pool of online information can generate a great pool of misconceptions, losing its great value.

The social media, the internet and new realities that are shaping up nowadays like the Artificial Intelligences are powerful tool in our hands but there must be wisdom in their use and the information should be conveyed by experts in the specific field of interest.

References

- Magnusson MR, Cooter RD, Rakhorst H, et al. Breast implant illness: a way forward. *Plast and Reconstr Surg* 2019;143:74S-81S. <https://doi.org/10.1097/PRS.00000000000005573>
- Yang S, Kliezt ML, Harren AK, et al. Understanding breast implant illness: etiology is the key. *Aesthet Surg J* 2022;42:370-377. <https://doi.org/10.1093/asj/sjab197>
- Longo B, Di Napoli A, Curigliano G, et al. Clinical recommendations for diagnosis and treatment according to current updated knowledge on BIA-ALCL. *Breast* 2022;66:332-341. <https://doi.org/10.1016/j.breast.2022.11.009>
- McGuire P, Glicksman C. Is capsulectomy necessary for symptom improvement in patients undergoing implant removal for systemic symptoms? *Case Reports Plast Surg Hand Surg* 2024;11:2390080. <https://doi.org/10.1080/23320885.2024.2390080>
- Keane G, Chi D, Ha AY, et al. En bloc capsulectomy for breast implant illness: a social media phenomenon? *Aesthet Surg J* 2021;41:448-459. <https://doi.org/10.1093/asj/sjaa203>
- D'Orsi G, Giacalone M, Calicchia A, et al. BIA-ALCL and BIA-SCC: updates on clinical features and genetic mutations for latest recommendations. *Medicina (Kaunas)* 2024;60:793. <https://doi.org/10.3390/medicina60050793>
- Grippaudo FR, Renzi L, Costantino B, et al. Late unilateral hematoma after breast reconstruction with implants: case report and literature review. *Aesthet Surg J* 2013;33:830-834. <https://doi.org/10.1177/1090820X13496249>
- Metzinger SE, Homsy C, Chun MJ, et al. Breast implant illness: treatment using total capsulectomy and implant removal. *Eplasty* 2022;22:E5.
- Glicksman C, McGuire P, Kadin M, et al. Impact of capsulectomy type on post-explantation systemic symptom improvement: findings from the ASERF systemic symptoms in women-biospecimen analysis study: part 1. *Aesthet Surg J* 2022;42:809-819. <https://doi.org/10.1093/asj/sjab417>
- Laporta R, Longo B, Pagnoni M, et al. Accidental injury of the latissimus dorsi flap pedicle during axillae dissection: types and reconstruction algorithm. *Microsurgery* 2014;34:5-9. <https://doi.org/10.1002/micr.22112>
- Amoroso M, Özkan Ö, Özkan Ö, et al. The effect of normovolemic and hypervolemic hemodilution on a microsurgical model: experimental study in rats. *Plast Reconstr Surg* 2015;136:512-519. <https://doi.org/10.1097/PRS.0000000000001525>
- Longo B, D'Orsi G, Orlando G, et al. Recurrent dermatofibrosarcoma protuberans of the clavicular region: radical excision and reconstruction with Latissimus Dorsi myocutaneous flap. *PRRS* 2022;1:14-19. <https://doi.org/10.57604/PRRS-002>
- Longo B, D'Orsi G, Vanni G, et al. Fat-augmented latissimus dorsi flap for secondary breast reconstruction in small to medium-sized irradiated breasts. *Plast Reconstr Surg* 2023;152:1165-1173. <https://doi.org/10.1097/PRS.00000000000010480>
- Longo B, D'Orsi G, Giacalone M, et al. The ergonomic FALD flap for one-stage total breast reconstruction. *Plast Reconstr Surg Glob Open* 2023;11:E5262. <https://doi.org/10.1097/GOX.00000000000005262>
- Longo B, D'Orsi G, Farcomeni A, et al. The Lipo-DIEP flap breast reconstruction: a valuable innovation for maximizing abdominal tissue volume. *Plast Reconstr Surg Glob Open* 2025;13:E6445. <https://doi.org/10.1097/GOX.00000000000006445>