

Breast Implant Illness & BIA-ALCL

Awareness Fact Sheet

Keep it Simple!

Overview:

Breast Implant Illness (BII) is a patient-reported condition describing systemic symptoms attributed to breast implants. While not yet a formally recognised diagnosis, the number of reports continues to rise globally and in Australia. BIA-ALCL (Breast Implant-Associated Anaplastic Large Cell Lymphoma) is a rare T-cell lymphoma of the immune system associated primarily with macro-textured breast implants. While rare, it is serious and potentially life-threatening if not identified early.

Key Facts:

- 26,000 global BII reports submitted to the FDA (2022).
- BIA-ALCL incidence in Australia estimated at 1:2,500 to 1:25,000 (TGA, 2023).
- Over 100 confirmed BIA-ALCL cases in Australia.
- Median onset for BIA-ALCL is ~8 years post-implantation.
- No cases of BIA-ALCL reported with smooth-only implants.
- BIA-ALCL is not breast cancer, but a distinct haematological malignancy.

Breast Implant Illness (BII):

Common Symptoms:

- Fatigue, brain fog, muscle/joint pain, paresthesia, anxiety, insomnia, GI issues, alopecia, dry eyes/mouth, autoimmune-like signs.

Diagnosis:

- Diagnosis of exclusion
- Mildly raised ANA/CRP in some
- Explantation may confirm and relieve symptoms

Management:

- Shared decision-making
- Explant +/- capsulectomy
- Consider histology/micro testing (e.g., biofilm)
- Multidisciplinary care as needed

BIA/ALCL:

Risk Factors:

- Textured implants
- Chronic inflammation, biofilm
- Genetic
- Implant duration >7 years

Presentation:

- Late seroma (>1 year), firm mass, asymmetry
- Rare: rash, systemic B symptoms



Diagnosis:

- Imaging: Ultrasound +/- MRI
- Aspiration of seroma for cytology + immunohistochemistry
- Capsule and tissue sent for histopathology post-removal. Breast Implant registered with Australian Breast Device Registry post removal.
- PET-CT if extracapsular spread suspected

Management:

- Early: Surgical en bloc capsulectomy (curative in 90%)
- Advanced disease may require chemotherapy
- Oncology referral essential for stage II-IV disease

GP's Role:

- Assess systemic symptoms in patients with implants
- Investigate late seroma or asymmetry (>12 months)
- Refer for imaging and specialist review
- Listen and validate concerns about BII
- Offer support and take all symptoms seriously, even if unexplained.

Remember:

- Not all symptoms are implant-related, but concerns must be explored.
- Early referral in suspected BIA-ALCL can be life-saving.