



SKIN CANCER (OTHER THAN MELANOMA)

MYCOSIS FUNGOIDES IN ASSOCIATION WITH SILICONE HIP IMPLANTS

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Background: Cutaneous lymphomas arising near sites of silicone implants have seldom been reported in the literature. The typical diagnosis is breast-implant-associated anaplastic large cell lymphoma. The pathogenesis has been attributed to silicone leakage and/or biofilm-associated organisms causing chronic antigenic stimulation and inflammation, leading to genetic instability and expansion of a malignant clone. Silicone implants causing other forms of lymphomas are much less common. Herein, we report a patient with newly-diagnosed mycosis fungoides overlying sites of previous silicon hip injections.

Observation: A 41 year old Malay transgendered female presented with whitening of the skin over her hips over the past five years. She had previously received silicon injections to those areas to achieve fuller hips. Physical examination revealed hypopigmented patches over both posterior thighs. Total body surface area involved was 1%. The rest of her skin was unaffected and there were no palpable lymph nodes. A punch biopsy performed revealed epidermotropism of atypical lymphocytes showing convoluted hyperchromatic nuclei and forming clusters. The dermis also contained dense aggregates of vacuoles of varying sizes surrounded by histiocytes. Her final diagnosis was patch-stage mycosis fungoides in association with silicone implants. Surgical removal was not deemed practical. Instead, she received a short course of narrow-band phototherapy with improvement, although the condition relapsed upon stopping. In view of limited involvement, she opted for topical therapy with corticosteroid creams alone. She remains well on follow-up.

Key message: Cutaneous lymphomas are a rare, yet recognised, complication of silicone implants. The risk may be greater in those who received (generally illegal) silicone injections in which the substance is not encapsulated and physically separated from healthy tissue. This group of conditions should be considered in the assessment of patients presenting with new skin lesions after previous implant surgery or injections.

