



Silicone Related Disorders

Migration and accumulation of silicone in the liver of women with Silicone Gel-filled Breast Implants.

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¹H NMR localized spectroscopy (STEAM), combined with echocardiography (ECG), respiratory gating, and water and fat suppression, was used to quantify silicone concentrations in the liver of women with silicone gel-filled breast implants. Localized spectroscopy was performed on 15 patients with silicone gel-filled breast prostheses and on eight volunteers with no implants. The ¹H spectra in the liver of patients showed silicone resonances from 0.3 to -0.8 ppm, attributable to protons in the methyl groups of silicone. The presence of silicone in the liver could first be detected 3-4 years after breast prostheses implantation. No correlation between silicone concentrations and implantation times was observed. However, our results indicated that silicone concentrations may reflect implant integrity: detectable silicone concentrations in the liver appeared to be higher when the implants were ruptured than when the implants appeared intact. Moreover, new resonances in the range of -2.6 to -4 ppm were observed in most patients after long-term implantation. As these species increase with implantation time, the new resonances may reflect chemically changed silicone (paramagnetically shifted silicon complexes bound to iron) accumulated over time. The sensitivity of ¹H NMR localized spectroscopy is sufficient to detect silicon concentrations as low as 0.20 mM. Results from one patient whose implants had been removed 14 months prior to the NMR examination showed no detectable silicone in the liver, indicating that it may have been excreted via bile or degraded to silica and high coordinated silicon complexes. Quantitative ¹H localized spectroscopy of the liver in women with silicone gel-filled breast implants may provide valuable information concerning silicone accumulation and degradation in vivo, as well as about the kinetics of its elimination from the body after implant removal.

“H.B.O.T. FOR SILICONE RELATED DISORDERS”

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About 2 million women in the USA have had silicone breast implants.

Dimethylpolysiloxane has been used either in implants or by injection for a variety of purposes including mammoplasty, filling of the tissue voids in reconstruction surgery and prostheses for cosmetic and other purposes, and of course silicone was used for some years for brain "Shunts"

Injected silicone material was found to pose severe health problems, including cancer, arthritis and chronic fatigue syndrome as well as other immunobased and allergic reactions.

Some Patients with breast implants, and exhibiting such symptoms have been shown by Enzyme linked Sero Assay (Elisa) test to possess elevated IgG, IgA, IgM, and IgE silicone antibodies. In addition to the silicone reactions from silicone implants the polyurethane implants shells themselves are now known to break down under the metabolic activity and produce 2,4, toluenediamine and 2,6 toluenediamine, both of which are carcinogenic and able to react with the neurominic acids to produce phthalocyanine dichloride which in turn reacts with silicone to produce a precursor to silicone "stacked rings" phthalocyanines.

This form of cyanide toxin induced metabolic impairment in the brain inhibits production of adenosine triphosphate, adequate supplies of which are required to avert lipofuscin accumulations, to promote phagocytosis and for natural detoxification. An abnormal sodium and potassium ion interchanges. In the course of this abnormal chemistry in the brain, polyunsaturated fatty acids become destabilized as the double bonds within membranes allow the easy extraction of hydrogen atoms. This starts a reaction in which peroxy radical combine with hydrogen to lipid hyperaldehydes. This series of reactions conjugated as diones can initiate chain reactions leading to numerous toxic and allergic responses in the patient as membranes cross link damaging their integrity and their essential proteins. The glutamatergic neuronal process can lose energy dramatically due to hypoxia or hyperglycemia and from further neurotoxins.

SYMPTOMS

Dopamines can be released, and the patients may suffer symptoms of confusion or intermittent panic. In the immunosuppressed environment, many strains of fungi will be able to flourish, and allergic reactions to these and other invasory micro-organisms are common as are developing allergies to chemicals (especially hydrocarbons), the symptoms of silicone allergy are therefore associated with cyanide blockage of part of the hemoglobin oxygen transportation mechanism, with neurotoxin responses, and with lipofuscin accumulation.

HYPERBARIC OXYGEN THERAPY (HBOT)

HBOT has been shown to disperse lipofuscins, burn out cyanide poisoning (a category one use for hbot) and in many cases destroy a wide range of neuro-toxins. HBOT also has a well earned reputation as an immune system enhancer and is also able in many cases to reactivate idling neurons. Experience with anoxic encephalopathy has shown that neurons are able to be "idling" for up to 15 years, and still be recovered to normal activity as soon as good oxidation is present.

Over 90% of all the oxygen used by humans is consumed in the mitochondria and this makes hypoxic conditions in that area singularly threatening, as the mitochondria are not very efficient in any case at controlling the electrical components of the mechanism of breathing. It is notable that restoration of good oxidation of the mitochondria usually results in the breathing difficulties of silicone reaction patients (usually described as "choking sensations") resolving very quickly.

SINGLE PHOTON EMISSION COMPUTER TOMOGRAPHY (BRAIN SPECT SCAN)

Patients with sequel to silicone implant leakage almost always exhibit the same abnormalities on Spect Brain Scan, and seem to recover from their symptoms when SPECT scans become Normal. Abnormalities usually include bilateral cortical lack of perfusion, and this together with a history of silicone implants or past silicone injections and the symptoms described would seem to be a good rationale for HBOT treatment. Some patients have in the past been miss diagnosed as cases of Multiple Sclerosis (

MS), and whilst they exhibited all of the symptoms of silicone reactions they did not show the usual “platelets” distributed in the brain scans by Magnetic Resonance imaging (MRI)

Patients have also been diagnosed as having ALS, Lupus, and scleroderma; and have later been found to have silicone reactions instead. However, these disease process does indeed mimic the above stated. It must also be stated that Hyperbaric oxygen therapy has been used in Europe for treatment of MS. And Als, and well as lupus . HBOT is considered Investigational for the above stated disorders in the USA

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Reference:

Occasional Review

Use of Hyperbaric Oxygen in Rheumatic Diseases:And Critical Analysis

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