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STONES, GROANS, AND SILICONE-INJECTION INDUCED MOANS

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As silicone injections become increasingly popular, physicians must be aware of the rare but serious adverse complications of these aesthetic procedures. Multiple studies have shown that silicone implants and injections cause local inflammation leading to granuloma formation causing abscess, ulcerations and eventually persistent hypercalcemia and/or sepsis¹. The mechanism behind this is not yet well understood, but silicone induced granulomas are associated with fevers, reactive amyloidosis, and calcitriol mediated hypercalcemia^{2,3}. We present a unique case of a 50 year old transgendered woman with a past medical history HIV, pancreatitis, renal calculi, multiple silicone injections, who presented to the Emergency Department with a large necrotic wound in the left gluteal region with surrounding granulomatous formation. Initial lab values were remarkable for a calcium level of 13.4 mg/dL, PTH level of less than 3 pg/mL, a low calcitriol level of 16 ng/mL, and an elevated creatinine at 2.5 mg/dL. Inpatient work up for HIV associated illnesses, tuberculosis, sarcoidosis, and malignancy as cause of hypercalcemia were negative. The patient's persistent elevation of serum calcium was then determined to be secondary to her silicone injections. While this complication is rare and nonspecific, silicone induced granulomatous hypercalcemia should remain on the differential in patients who present with hypercalcemia and a history of silicone product injections as it has serious implications.

Biography

Meghna Shah is affiliated to Lincoln Medical Center, USA.

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