

This 57-year old white female came to me for re-evaluation of her physical status relating to her musculo-skeletal associated with silicone breast implants. This lady states that she was in her usual state of good health without any predisposing problems in 1974, at which time she had bilateral breast augmentation with silicone prosthesis for cosmetic purposes. She later developed a significant degree of hardening and pain in the breasts. The breasts became hard and ruptured and were explanted in August, 1994. This has left her with significant deformity and scarring of the breasts. In addition, she has had a great deal of difficulty in performing with her job and recreational activities. These have included arthralgias, myalgias, fatigability, signs of nerve entrapment with Carpal Tunnel surgery in the right wrist approximately 20 years ago, difficulty with some alopecia and mild swallowing difficulties. She has also had occasional shortness of breath and paresthesias in the extremities as well as burning in the extremities. She has had night sweats, mouth ulcers and has had continuing burning pain in the chest. She has ocular photosensitivity, symptoms of dry mouth, balance difficulties, sleep disturbances and bruisability, as well as chronic bladder difficulty.

On physical examination, she is a slightly obese white female who appears neither acutely or chronically ill. Examination of the head and neck reveals normal tear production with Schirmer's test. She has minimal but definite alopecia, predominately in the frontal parietal area of the scalp, but seems to have improved since her last evaluation in 1999. There is bilateral axillary lymphadenopathy. Each node is 1x1cm or larger but there is also a right cervical node which is 1x1cm or larger. The lungs are clear to percussion and auscultation. The heart has a regular rate, the skin shows minimal but definite bruising in the lower extremities, as well as a few telangiectasias on the anterior chest wall. The breasts show marked deformity and scarring, with rather extensive surgical scars beneath the breasts, periareolar scars and scars running vertically from the nipples to the horizontal surgical scars beneath the breasts. There are no breast masses. Examination of the skin otherwise a few lipomas on the anterior abdominal surface and in the left arm. Her straight leg raising test which is equivalent to 90-degrees bilaterally. There are positive Tinel's in both wrists with surgical scars of previous surgery in the right wrists. There is no evidence of Raynaud's phenomenon with cold testing. There are multiple palpable myalgias in the trapezius area, occipital areas and the paraspinal areas of the lumbar and thoracic spine. Neurologic examination, other than the signs of

nerve entrapment, reveal the deep tendon reflexes to be within normal limits in the upper and lower extremities.

In summary, she had difficulty with breasts implants resulting in explantation, with scarring and deformity of the breasts. These symptoms of the physical findings have resulted in significant disability with regular and recurring severe pain. She is able to work intermittently part-time in sedentary activities, such as accounting. She states that she needs help with her housework, and frequently her daughter has to help her with other activities, such as shopping. She states that at work she has severe to occasional pain to constant, pain with regular and recurring severe pain with most of her activities, including standing, writing, hand pain, leg pain and bending over with reaching, as well as some loss of memory concentration. At home, she has severe, virtually constant difficulty with most activities, including bending, lifting pots and pans, vacuuming, constant changing linens and other activities. She can perform most activities of self-care with the exception of lifting objects. She has difficulty putting on stockings and hooking her bra. She seldom socializes. She has continued nocturnal pain. She has given up many recreational activities which she previously performed, such as walking, jogging and aerobics.

It is my impression that the above constitutes a diagnosis of an Atypical Rheumatic Syndrome. This has caused her significant functional disability in her vocational, avocational and recreational activities, the latter of which she doesn't perform at all. It is my impression that she be placed in Category "B", i.e., 35% disabled.



Louis R. Ricca, M.D.,
LRR/JA