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## **AN OPEN LETTER FROM DR. SUSAN KOLB** **FOUNDING DIPLOMAT OF THE AMERICAN BOARD OF HOLISTIC MEDICINE**

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After watching "Storm in a D Cup" on The Learning Channel, I would like to propose some suggestions to scientists that may help to resolve the still ongoing breast implant controversy, which in my opinion has not ever been satisfactorily resolved.

I am a board certified plastic surgeon who is also board certified in holistic medicine. I have not only had the opportunity to experience the symptoms of silicone immune and neurological disease in my own body when my silicone gel implants leaked, but also have had the opportunity to treat over five hundred women with similar illnesses. Subsequently I believe I have some insights into this problem that may have been missed by doctors who do not treat these women.

First of all, any study on silicone should only include women who have had implants in at least eight to ten years as it is well documented that in most cases leakage or rupture usually does not occur before this time, unless the implant is subject to some form of trauma. There are studies describing the lipolysis reaction that occurs on the Silastic shell and this lipolysis reaction takes time. Second, a less strict definition of connective tissue or autoimmune disease needs to be studied, as the majority of patients do not have a known connective tissue disease. The first element of this disease has to do with the development of symptoms of systemic candidiasis due to an immune dysfunction, which I have found to be associated with depressed natural killer T cell levels. We also find at surgery that approximately half of the patients' breast capsules culture out pathogenic organisms such as Staph aureus and Enterococcus. I would propose that once the silicone gel leaks out of the implant, a chronic immune response occurs that is often associated with local capsular bacterial infection and with systemic and possibly local fungal infections. The patients next experience neurological symptoms that can be explained by the silicone gel migrating directly or via the macrophages into the lymphatic and nervous systems. Women with longstanding silicone gel exposure have typical neurological problems, usually beginning in the extremity on the side of the implant that leaks or ruptures first. Some women also have toxicity from platinum and other chemicals that are used in the manufacturing process of the implants. In my experience, the end stage of this disease is an autoimmune condition similar to scleroderma. It may be modulated by intracellular bacterial infections that change the characteristics of the cell wall and lead to autoimmune symptoms that are atypical, in that they do not fall into any known connective tissue disease but are actually very typical for women with silicone immune dysfunction. This does not occur right away and may take ten or more years of silicone exposure.

The clinical picture we see in these women is that of increased level of cytokines which explains why Plaquenil is effective. I believe this is also one of the factors, along with the presence of increased silica in the body, which may protect women with implants against breast cancer. Chemical toxicity of chemicals that are known carcinogens may be the cause of the increased incidence of other cancers in women with defective silicone breast implants.

It is important to study this problem for four reasons. One is that silicone gel implants are being reintroduced into the market without understanding what has caused so many women to become ill; the second is that some patients with saline implants are experiencing similar problems, especially after trauma, which may disrupt some of the textured silicone from the capsule into the systemic circulation and/or lymphatics; the third problem is from biotoxins from the capsule or the implant being contaminated with bacteria and/or mold; and the fourth is the advent of the exciting research on the potential protection from breast implants against the development of breast cancer. This potential



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advent indicates the necessity of fully understanding the effects of silicone and its breakdown products in the body as this may contain the information for an important cancer preventative measure.

I would propose much more detailed immunological studies of the patients with problems as well as a study of the HLA type of the same patients. Our best avenue to serve our patients is to prevent complications even if they occur in a minority of our patients, rather than to insist that these problems do not exist. Many of my patients have been told by their plastic surgeons and/or rheumatologists that their implants could not have anything to do with their illness, only to discover abnormal bacterial and fungal growth around an implant that when removed and properly treated, leads to the patients' recovery and greatly improved health. I would encourage all of the doctors and scientists in this politically charged issue to focus on the patient to determine what is making them ill, and on the science of silicone, so hopefully we may someday safely use this material in the body.

Sincerely Yours,

Susan E. Kolb, M.D., F.A.C.S.

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