

Potential complications following dermal filler augmentation

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Irish doctors highlight potential complications following buttock augmentation that can result in hospitalization in a case report being presented at the European Congress of Clinical Microbiology &

Infectious Diseases (ECCMID) held online this year (9–12 July). Dr. Siobhan Quirke and colleagues from the St James Hospital in Dublin detail the case of a 29-year-old woman who was admitted to hospital with sepsis 14 months after a dermal filler injection.

The exact ingredients of fillers vary by brand, but they all work to enlarge the buttocks, and are intended to be cheaper alternatives to surgical procedures.

The woman, who had no previous medical history, was seen in the emergency department after developing nausea and an abscess at the site of the injection that was surrounded by 15 cm of cellulitis (a [skin infection](#) that can become life threatening). Blood tests revealed high levels of white cell blood cells and C-reactive protein, a marker of inflammation.

The patient was started on antibiotics and had her abscess drained the following day. Blood cultures revealed that the [infection](#) was caused by a type of bacteria called staphylococcus lugdunensis (the cause of a wide range of infections) and pseudomonas orzihabitans—a rare cause of skin and soft tissue infection in humans.

Imaging revealed areas of inflammation within the subcutaneous tissues (innermost layer of skin) of both buttocks. The tissue also contained pockets of air which are suggestive of overlying infection with dangerous gas forming organisms.

After 5 days, the abscess was drained again and 500mL of necrotic (dead) tissue and filler material was removed. The patient was given intravenous antibiotics, and her blood infection resolved quickly. She was discharged after 18 days in hospital to complete a further 6-week course of antibiotic therapy at home. She is currently well and her wound has completely healed.

Complications following use of injected dermal fillers are rare, occurring in between 1 in every 20000 and 1 in every 100 patients who have procedures (depending on the type of filler material used).

"However, complications are increasing as fillers become one of the fastest growing cosmetic procedures", says lead author Dr. Siobhan Quirke from Dublin's St James Hospital. "It's something both cosmetic patients and health professionals need to be aware of."

She continues, "The reason for the substantial delay between surgery and infection is not clear but may be due to the unusual organisms that can live on the surface of the dermal filler (known as a biofilm).

Pseudomonas oryzihabitans is an unusual cause of human infection, but in recent years it has become increasingly linked with hospital-acquired and opportunistic infections. Thankfully, treatment is not difficult due to the low level of resistance to common antibiotics. Nevertheless, this case serves as a reminder that it's important to choose a reputable cosmetic surgeon."

Provided by European Society of Clinical Microbiology and Infectious Diseases

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