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### Title

Commentary on: Longevity of Post-Explantation Systemic Symptom Improvement and Potential Etiologies: Findings From the ASERF Systemic Symptoms in Women-Biospecimen Analysis Study: Part 4.

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Commentary

# Commentary on: Longevity of Post-Explantation Systemic Symptom Improvement and Potential Etiologies: Findings From the ASERF Systemic Symptoms in Women—Biospecimen Analysis Study: Part 4

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The fourth publication in this series characterizes and quantifies systemic symptoms in women with breast implant illness (BII) at multiple time points before and after explantation.<sup>1</sup> These reports are analyzed by capsulectomy type and compared to 2 other cohorts of women presenting for cosmetic breast surgery. BII patients experience significant improvements in anxiety, sleep disturbance, fatigue, and cognitive function as determined on self-reported scales. Improvements started 3 weeks after surgery and extended for the year following surgery. Although the levels of anxiety, sleep disturbance, and fatigue in BII patients remain higher than in the other 2 groups studied, they were approaching normal at 1 year.

The findings of this publication, when combined with the analysis of biospecimens reported in the 3 previous publications, contribute much-needed data about the biological underpinnings of BII. The research done into BII by this group will clearly be helpful to clinicians who treat patients with this illness and may provide a template for research into other disorders characterized by subjective reports of fatigue, sleep disturbance, anxiety, and cognitive impairment without known biological correlates.

As a teacher of medical students, residents, and advanced practice providers, I appreciate this contribution to the limited body of research on physical symptoms without clear medical explanation. Empathic trainees listen closely to patient symptoms and strive to find diagnoses with effective treatments. Medical testing can be costly and painful,

and ultimately cause more injury with minimal or only temporary relief of symptoms. When no clear answer is found, trainees are frustrated by their inability to prescribe a solution and patients are disappointed by the lack of a satisfactory explanation of what they are feeling. Data such as those presented in this study support a holistic approach to patients with unexplained physical symptoms. Such an approach requires a strong rapport between clinician and patient and involves the clinician exploring the complex nature of these symptoms with the patient in an open and empathic manner.

While the discussion of this article includes mention of symptoms being “real and observable in the brain,” patients with functional somatic symptoms are likely to find this language alienating. Of course, the symptoms are “real.” fMRI data comparing patients with functional weakness to those with feigned weakness noted significant differences in neural pathways activated when attempting movement of the affected extremity.<sup>2</sup> Put another way, those who consciously produced their physical symptoms had different brain activation than those who did not.

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Finally, it is worth mentioning that the newest criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5/DSM-5-TR) emphasize that the distress and associated disruptions in life experienced by patients with somatic symptom disorder and illness anxiety disorder, not the absence of physical illness, are the most important part of the diagnosis. While this study did not perform the requisite psychiatric interview or chart biopsies to diagnose these psychiatric disorders, future studies into predictors of BII should consider collecting data on presurgical and postsurgical medical utilization and symptom report in patients seeking breast implants or implant removal. Such data may help identify patients at risk for increased symptoms of fatigue, sleep disturbance, anxiety, or cognitive difficulties following implant placement.

### Disclosures

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