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I would like to thank Mr Curtis and Dr Klykken for their insightful comments regarding textured implants. The use of the trademark “Silastic” was incorrect in the discussion of implant covers. The correct term that should have been used is “silicone elastomer.” We did not intend to implicate Silastic elastomer (Dow Corning, Midland, MI) in the development of anaplastic large-cell lymphoma, and we had no evidence of any involvement.

Implant surface texture is the interface between the device and the body’s tissue. It results in increased friction between the implant and the capsule. A surface with protrusions and indentations promotes the integration of the implant into the capsule and disrupts the regular alignment of collagen. Texturing appears to reduce capsular contracture. Implant texturing reduces capsular contracture by allowing tissue to grow into interstices, projections, and pores, thus prolonging chronic inflammation and disorienting collagen fibrils. It appears that more aggressive texturing may result in more adherence of the implant surface to the capsule. As the authors noted, the development of anaplastic large-cell lymphoma may be related to a chronic inflammatory response at the surface of the implant. More information and research are needed regarding this rare and fascinating malignancy.

Disclosures
The author declared no potential conflicts of interest with respect to the research, authorship, and publication of this article.

REFERENCES