

WOULD I DO IT AGAIN?

I Got My BBL From a Cadaver

As told to Parizaad Khan Sethi

By Anonymous



Photo-Illustration: The Cut; Photo: Courtesy of Subject

Other surgeons have concerns, though, especially when it comes to using AlloClae in the breast. “Breast is not just fat, it’s glandular, hormonally active, and requires lifelong imaging for cancer screening. Anything injected into the breast can create new densities, nodulifications, or cysts, which can complicate mammography and ultrasound,” says Dr. Adam Kolker, a double board-certified plastic surgeon and an associate clinical professor at Mount Sinai, who has not used AlloClae in his practice.

Kolker says without imaging and safety studies, physicians can’t responsibly predict how AlloClae will appear on a mammogram or behave during cancer surveillance. “You can see an implant, or autologous fat graft, which are time-tested, evidence-based, and well-studied over the course of many decades. A new biologic material with unknown imaging behavior becomes a big diagnostic question mark in the breast,” he says.

Van Hove says they are initiating a company-sponsored study of AlloClae use in the breast in early 2026. To be convinced, Kolker says he’d like to see a prospective randomized controlled study, or an Institutional Review Board-approved clinical trial, referring to a group that has been formally designated to review and monitor biomedical research involving human subjects under FDA regulations. Kolker will consider AlloClae after he sees that research. “I support innovation, but I support patient safety more,” he says.

Safety considerations aside, the fact that AlloClae comes from donor cadavers might give some people pause. Tiger Aesthetics says it works with U.S.-based accredited tissue banks to secure the tissue. “We ensure all our tissue is consented to for aesthetic use,” says Van Hove.