LYMPHO-VENOUS ANASTOMOSIS

Peripheral lymphedema: New advances in microsurgical treatment and long-term outcome
Campisi, C., Boccardo, F., Zilli, A., Maccio, A., Gariglio, A.
Microsurgery 2003; 23: 522-525

We report on the modern surgical management of peripheral lymphedema. An adequate diagnostic route is essential: it has to include patient history and clinical examination, an isotopic lymphography, an accurate study of the venous circulation, and in cases of angiodysplasia, an accurate study of the artery circulation.

Based on over 25 years of clinical experience (more than 1,000 patients), the role of derivative and (in those cases where a venous disease is associated with lymphostatic pathology) reconstructive lymphatic microsurgery is particularly underlined, in comparison with conservative medico-physical treatment, to which it is complementary. "Debulking" surgery can be used just in properly selected patients for minor operations with only cosmetic-reductive purposes.

With a follow-up even over 15 years after surgery, positive results from lymphatic microsurgery can be achieved in more than 80% of cases, especially in patients at precocious stages.

Follow-up study of upper limb lymphedema patients treated by microsurgical lymphaticovenous implantation (MLVI) combined with compression therapy
Microsurgery 2003;23 (1):21-26

We present a follow-up study of 18 patients with upper limb lymphedema treated by microsurgical lymphaticovenous implantation (MLVI) combined with compression therapy.

This combined technique provides increased lymphatic flow through newly created lymphaticovenous bypasses by the MLVI surgery, with assistance for pumping function in the lymphatics by compression therapy.

Preoperative assessment of the affected limb was performed by the average enlargement of edema circumference (AECC), comparing the lymphedema limb and normal limb circumferences. Objective improvement was analyzed by the percent reduction of edema circumference (%REC) at two levels of the lymphedema limb.

With an average follow-up of 24 months, 77.8% of patients presented excellent or good results, with %REC >50% at either the distal or proximal site of the treated limb. This combined treatment can be expected to provide favorable long-term results, even for patients with AECC >8 cm.