

Prevention and treatment of lymphatic injuries in surgical oncology

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Aim

As concerns epidemiological data about the prevalence of lymphedema in the world, about 50 millions are post-surgical lymphedemas and the variability of quoted prevalence rates of lymphedema reported are mainly due to different levels of awareness of the problem, different techniques for measuring limb volume, lack of a universal definition of what degree of swelling constitutes lymphedema, clinical variations (number of pts studied, follow-up period) in the different studies.

Material and methods

The surgical operations that can be followed by secondary lymphedema are mainly represented by oncological operations in the ambit of general, gynaecolog-

ical and urological surgery. On the basis of a prospective randomized study that investigated the effect of a protocol of prophylactic measurements including prospective monitoring and early intervention, it was possible to establish that the prophylactic strategies used in the group of patient undergoing oncological operations appeared to reduce the development of secondary lymphedema and alter its progression in comparison to the control group.

Results and conclusions

Thus, it was identified a protocol of prevention of secondary limb lymphedema that included above all, from the diagnostic point of view, lymphoscintigraphy and, as concerns therapy, it recognized also a role to early microsurgery.

KEY WORDS: lymphedema, lymphoscintigraphy, microsurgery.

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