

EDITORIAL*

LYMPHOLOGY AROUND THE WORLD: TAKING STOCK OF OUR ACHIEVEMENTS AS WE APPROACH THE 21ST CENTURY

Since the pioneering discoveries and works of Aselli, Pecquet and Mascagni in the 17th and 18th Century, the lymphatic system has been the subject of a great number of investigations concerning its structure and function. In more recent years (the Modern Age), it has also been studied using biochemical and immunological techniques as well as high resolution microscopy. Moreover, when approaching the clinical aspects of lymphatic circulatory disorders, lymph dynamics can now be pursued with minimally invasive imaging techniques, while treatment encompasses pharmacological, physical, and operative therapy including microvascular surgery.

From a clinical standpoint, investigations have for a long time focused on the complex and often intricate lymphatic circulatory dynamics that characterize peripheral lymphedema. This condition is a chronic disabling disorder that becomes more progressive with time and in many instances is severely debilitating. Surprisingly, however, it often remains neglected and ignored even among the most conscientious physicians.

From picturesque and often grotesque "artistic" renderings of past generations, early reports began to appear in medical and surgical treatises on lymphatic circulatory abnormalities and lymphedema but these phenomena were wrongly relegated to being

"exceptional, or in any case, a rare finding." Nowadays, even in advanced societies, it still is a common occurrence that patients with lymphedema continue to wander aimlessly from one clinic to another, from one hospital to another, from one national "center" to another, or even go abroad to get treatment, always searching for someone who knows something about the lymphatic system. More often than not, only the lucky ones are fortunate enough to find the right person in the right place to allow the great advances in diagnostic tools and therapy to be applied to their disabling condition. All this meandering exemplifies the confusion and longstanding and persistent misunderstanding that for centuries has marked lymphatic disorders, which have been considered only when the most advanced stages have been reached, namely "elephantiasis."

In 1966, the International Society of Lymphology (ISL) was organized and founded in Zurich, Switzerland. At the same time, scientific lymphology and lymphangiology associations (owing to the prevailing interest in lymphatic circulatory disorders) came of age all over the world. Since then, the misdirected attitude of neglect toward lymphedema and lymphologic disorders has begun to change, although much still needs to be done. In this setting, it seems that the time has come that a prime objective of our Society should be to dedicate ourselves to eradicate this still all too prevalent ignorance among physicians, the mass media and the public at large on the existence of these

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disorders, which continue to carry a major social impact on patient lives. As the number of lymphology clinics proliferate worldwide (although more are found in some countries and fewer in others), along with the input and authoritative influence of the United Nations and World Health Organization, the ignorance gap is indeed gradually being overcome, especially in wide geographic areas affected by endemic filarial-related lymphedema, which strikes large populations often among the most socially and economically deprived, that is, disadvantaged people in the tropical regions.

Around the world, the public media, schools of medicine, public and private hospitals and at medical conferences, disorders of lymphatic circulation are acquiring respect and interest under the initiatives and activities of the ISL and of “*Lymphology*”, the official journal of the ISL, which is regularly cited in *Current Contents*, *Science Citation Index*, and *Index Medicus*, and is well recognized by the official bodies of lymphology at both a local and national level throughout Europe, Asia, North and South America, and the Latin-Mediterranean countries. At the same time, lymphatic circulatory disorders are gradually losing their veneer as unimportant clinical ailments and are increasingly being recognized as significant and both preventable and treatable.

Discourses on classification of lymphedema and other disorders of the lymphatic circulation, which have dominated much of the past 30 years of lymphologic research, are finally beginning to yield tangible results. These advances have been greatly assisted by progress in understanding of lymphatic ultrastructure, pathophysiology, diagnosis and therapy of lymph dynamics with scientific publications and medical treatises and the commitment by devoted specialists (lymphologists) often nowadays referred to as “lymphomaniacs.”

These days, lymphedema (and related conditions) is a treatable and controllable disease just like diabetes mellitus or chronic

venous insufficiency. The Consensus Document, drafted in 1995 by the Executive Committee of the ISL (1), is the most tangible expression of the commitment made in the past few decades to manage peripheral lymphedema. Despite these noteworthy achievements, however, these disorders are generally not adequately or sufficiently recognized and appreciated by insurance companies and national health systems in terms of their actual impact on patients well being.

A second important issue for the ISL in the future is a carefully designed protocol and epidemiologic study of the natural history of secondary lymphedema before optimal therapy can be recommended to minimize complications and morbidity. Much of research into acquired lymphedema and its natural sequelae remains constrained by the still widespread reluctance of early detection as the latent phase of lymphedema may be lengthy and imaging is still typically done only after edema has become evident.

A third and equally important consideration for lymphologic research in the forthcoming years has to do with the ubiquitous nature of the lymphatic system and the entire discipline encompassed by the term “lymphology.” Lymphology does not merely signify lymphangiology nor lymphedematology. Unfortunately, however, a restrictive concept of lymphology has seemingly taken root over the past decade often reaching at times an exasperating level. This trend must be vigorously resisted. Whereas maximum freedom and independent choice for each investigator is paramount as to his or her personal field of scientific, clinical, and professional interest, lymphology historically and naturally is a multifaceted comprehensive intermultidisciplinary scientific discipline much broader in its implications than either lymphangiology and/or lymphedema implies. Indeed, there is probably no area in basic and clinical medicine which directly or indirectly is not linked closely with the lymphatic system and

its components, namely, lymph, lymphatics, lymphocytes, and lymph glands.

Congenital malformations, traumatic pathology, inflammatory, infectious, parasitic, and degenerative disorders including arterial and venous diseases, immunoreaction and neoplasia all have indisputable lymphologic roots and implications. Some are well known, others are still to be defined more accurately, whereas still others are to be discovered. They often contain fundamental features from an etiopathogenic, pathophysiological, prognostic, diagnostic, and therapeutic point of view.

Accordingly, the development of organ and systemic lymphology is another major goal to be pursued as we approach the year 2000. Current achievements justify an optimistic outlook about future success in this endeavor. For this purpose, forging closer ties between our Society and other speciality Societies is essential for the promotion of new knowledge and the progress of lymphology. Toward this goal, each member and devotee of this discipline should avow to reinvigorate his/her commitment each within one's own field of interest as the needs are as great as ever.

As lymphology embraces the next millennium, much can also be promised and expected from support of the ISL, the ever-growing numbers of "Young Lymphologists" who, in the long run, are the ones to ensure a dynamic environment for fruitful discovery. On a personal note, I also hope that the strength of our Society in the international scientific community will grow to such an extent that in the next century, the unfulfilled dream of many of us as researchers and professionals will be realized, namely that a course devoted to lymphology will be introduced in the university curriculum for

medical students and later residency programs involving multidisciplinary medical and surgical approaches for both pediatric and adult patients. Ideally such "fellows" will develop an independent, professional qualification to the new, widely accepted discipline of lymphology.

In my role as President of the ISL during the past 2 years, I have developed a strong desire to see in the forthcoming years the boundaries of our Society and of lymphology extended to other still poorly represented areas in many large regions in Africa, Asia, as well as Eastern Europe, Central and South America. Many of these countries for historical, cultural, political, or socioeconomic reasons have thus far been only marginally touched by the activities of the ISL.

Whether these ambitious but unassailable projections for the future will come to fruition depends on the passion and universal vision with which we as devotees commit ourselves both individually and collectively as scholars and researchers in lymphology. It also depends in the final analysis on what we succeed in stimulating and nurturing in our students to carry on the tradition begun by their mentors.

REFERENCES

1. Consensus Document of the International Society of Lymphology Executive Committee: The Diagnosis and Treatment of Peripheral Lymphedema. *Lymphology* 28 (1995), 113-117.

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