

EDITORIAL

CAVEAT EMPTOR

In this issue of the journal, there appears a paper on investigations into the mechanism of intraarterial lymphocyte injection as a treatment modality in the management of arm lymphedema (1). The authors have previously published on this subject in both Japanese and English, and their ideas have also been "verified" by a similar study from France (2). Nonetheless, intraarterial lymphocyte (IAL) therapy as described was also carried out in conjunction with physical methods to reduce lymphedema. Because compression therapy itself is known to be effective in alleviating extremity edema and was not controlled for, interpretation of IAL therapy remains problematic. On the other hand, the enthusiasm of these workers and the several studies they have carried out have generated considerable interest, and unconventional ideas are all too often easily dismissed. Because the treatment of lymphedema is still far from optimal, the Editorial Board of *Lymphology* have traditionally given wide latitude toward original ideas, even developing the special feature "Lymphspiration" as a sounding board for speculative concepts. It is in this setting that the article by Ogawa and his colleagues has been published. Although lymphocyte cell trafficking is very likely impaired in lymphedema, along with interstitial stagnation of plasma proteins and liquid, it still remains unclear how

intraarterial injection of the patient's own lymphocytes into the ipsilateral edematous limb exerts a beneficial effect. Whereas the authors now demonstrate molecular changes in adhesion molecules, and in an earlier paper a novel interstitial protein, after IAL therapy (3), clearly more basic research and controlled clinical investigation need to be done to determine the validity and value of IAL treatment. Until then, practitioners and patients are advised to remain cautious about prematurely embracing this mode of therapy. Remember "*Caveat emptor!*"

REFERENCES

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3. Egawa, Y, A Sato, I Katoh, et al: Changes in protein components of lymphedematous fluid after intraarterial lymphocyte injection therapy. *Lymphology* 26 (1993), 169-179.

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