

LYMPHOGRAPHIA**HAIR TOURNIQUET SYNDROME: AN UNUSUAL CAUSE OF PERINATOLOGIC SECONDARY LYMPHEDEMA**

C.M. Papendieck

Department of Pediatric Surgery, Center of Angiodysplasias of the German Hospital of Buenos Aires, Argentina



Fig. 1. Left—Hair tourniquet on infant penis showing circumferential constriction near base and increased tissue volume of the prepuce distally. Right—Hair tourniquet on infant fourth toe showing discoloration and edema from compression.

Body hair develops early in fetal life (9th to 12th week) and becomes visible around the 20th week on the upper lip, chin, and “eyebrows.” In the perinatal period, the first hair, which is curly, thin and colorless is replaced with somewhat thicker body hair with pigment. Spontaneous fallout of skin hair from the scalp or its “liberation” caused

by fetal movement of the arms and legs releases light locks of hair into the amniotic fluid, which on occasion comes to twist around the digits or genitalia. In other words, released hair twists in a unidirectional fashion over the skin and can act as a tourniquet on fingers or toes and genitalia in either sex. As the body grows, the hair

tourniquet effect passively strangles the soft tissue. The distal digit or genital segment affected goes through several stages of edema from compression: initially venous and lymphatic congestion, later a reddened inflammatory appearance, and finally arterial compromise with pallor and ischemic changes. Therapeutically, these circumferential occluding hairs need to be removed before permanent ischemic changes occur although secondary lymphedema may persist. More commonly, the phenomenon occurs on the fingers and less commonly on the toes, penis, and clitoris (*Fig. 1*).

ACKNOWLEDGMENT

The author thanks Prof. Dr. Michael Földi for his suggestion on terminology to describe this condition.

REFERENCE

1. Moore, KT, TVN Persand: *Clinical Embryology*. 5th Ed., McGraw-Hill, 1993, p. 479-480.

Cristobal M. Papendieck, M.D.
Catamarca 3179
1636 Olivos
Buenos Aires, ARGENTINA

ERRATA

In the article "Effects of Compression Bandaging With or Without Manual Lymph Drainage Treatment in Patients With Post-Operative Arm Lymphedema" by K. Johansson, M. Albertsson, C. Ingvar, C Ekdahl published in the September issue of *Lymphology* [32 (1999), 103-110], the formula as shown on page 106 should correctly be

$$\frac{\text{diff test A} - \text{diff test B}}{\text{diff test A}} \times 100$$

■ ■ ■

An article entitled "Refinement of a Rodent Model of Peripheral Lymphedema" by L. Lee-Donaldson, M.H. Witte, M. Bernas, C.L. Witte, D. Way, B. Stea, which appeared in the same issue [*Lymphology* 32 (1999), 111-117]. On page 113, the correct dose of irradiation should have been written as "irradiation consisted of 4500 rads (45 Gy)..."

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