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OPINION: "Wonderful" Results in the Treatment of Lymphedema

Report on the Sessions on Lymphology at the VIIth International Symposium of the International Society for Angiology and Angiography and First "World Vascular Day", Berlin, 24–27 June 1982

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The sessions on Lymphology lasted one whole day. They were organized by Prof. *Földi,* who most unfortunately was prevented from attending by a temporary illness. Illness and other reasons also caused the absence of a number of the scheduled speakers. However, many I.S.L. members, and some non-members gave papers. Such was the habitual unbridled enthusiasm of the speakers, that the empty spaces in the program were more than completely filled and, in fact, each part of the session ran well over its alloted time. The general organization of the meeting was so good (especially the quality of the simultaneous translation) that one was a little surprised that such a modern conference centre did not include trap-doors which chairmen could open under speakers who refuse to finish.

Our President, Prof. *Dumont*, and the President of the German Society for Phlebology and Proctology, Prof. *Klüken,* officially welcomed those who attended this session and made good public-relations for the two societies.

The normal and pathological structure and function of the lymphatic system were reviewed by a number of speakers. Unfortunately, there was little which was new. Similarly, in the session on problems in lymphedema diagnosis, while some of the authors extended their earlier work, there was little which came as a complete surprise. This is not the case with all societies and subjects. One wonders if it has to do with the relatively few workers in Lymphology, with the frequency of meetings, or whether it is becoming so much harder for younger workers to bring new ideas to meetings. Perhaps it is a little of each of these, but it does mean that considerable efforts will have to be made to avoid mental constipation.

An interesting variation from the normal order of the program was that a symposium on the therapy of lymphedema preceded these other topics. This allowed the audience to approach this most important, controversial and fast-growing subject with fresh minds. The validity of these three adjectives was shown by the quality of the argument, discussion and conjecture which followed each paper. It soon became quite evident that there are a number of schools of therapy, each of which is enthusiastically advocated by its practitioners -- with an almost complete disregard of, and often a complete disbelief in, the other schools. We heard of "wonderful" results obtained by reduction operations, lympho-venous shunts, lymphonodal-venous shunts, transplantation of lymphatics, rotation of lymphatic-bearing pedicles, physical therapy (both manual and by a variety of mechanical devices), and various drugs – ranging from the benzo-pyrones to diuretics.. The only trouble was that *wonderful* was indeed the correct word – we all wondered what, and whom, to believe!

Undoubtedly some of the problem lies in the fact that many of the treatments have been

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practized for too short a time for really long-term results (e.g. 20-year) to be available. However, for many of them 5-, or even 10-year, statistics must be known. Unhappily so many authors appear remarkably coy about giving detailed statistics. When questioned, they are evasive or extremely vague. Yet many of them have been giving nearly identical papers for many years. Perhaps it would be better if they stayed at home for one meeting and spent the the time producing one simple table, giving: numbers of patients treated, the kind and degree of lymphedema, and the short- and long-term results. Of even greater value would be statistical comparisons of the effects of one form of treatment with another, and with the results of doing nothing! It is absolutely vital that the long-term results are given. We all know of some methods of therapy which even the originators have abandoned. Yet their original papers, with (often good) short-term results remain in the literature; the bad long-term ones are never mentioned. This is blatant dishonesty, a most immoral disregard for the welfare of other peoples' patients, and extreme stupidity. While one admires someone who develops a successful new treatment, one has as much admiration for someone who had what seemed like a good idea, fount that it did not work, and took great care that others were warned of the trap. This way Medicine and Science can be advanced even by a defeat; concealment leads only to a temporary fame and a long-lasting notoriety.

In general, it appears that some therapeutic techniques are useful in all forms of lymphedema; some work well in specific instances and are useless elsewhere. Again, we need reliable data to tell us which is which. In addition, it may well be that a number of regimes should be combined for optimal results; numerical data are the only way of deciding this.

There is one further factor which must be considered: the cost of the treatment. In affluent countries it obviously makes good financial as well as ethical sense to spend $ 4000 a year for physical therapy, for two or three years, thereby converting an invalid into a useful member of the community. However, most of the WHO's estimated 250,000,000 people with elephantiasis live in countries which can not afford this. Lympho-venous anastomoses, etc, are even further from their reach. It is evident that we must evaluate the cost-effectiveness as well as the medical-effectiveness of the different forms of therapy, for differing communities.

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