

EDITORIAL

The Unsolved Problem of Peripheral Lymphedema

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It is unlikely that peripheral lymphedema develops on the basis of a single mechanism common to all patients. For this reason attempts to apply a uniform surgical approach to this trying problem has failed. While operations based on excision of affected tissues, anastomosis between the lymphatic and venous systems or between normal and abnormal portions of the lymphatic system each have their advocates, it is clear that advances in therapy must await clarification of the precise derangement in each patient. In this regard, a personal 18 year experience with more than 300 patients including 80 who underwent operation, suggests that insufficient attention has been directed to gravitational factors in the pathogenesis of this disorder. Stasis resulting from a non-moving column of lymph in dilated lymphatic with valvular insufficiency may be an important component of the disorder in some patients. Attempts to correct this by ligation of the incompetent vessels in such patients seem justified and may establish flow in normal collateral channels sufficient to relieve the problem (1-5).



Fig. 1. Demonstration of gravitational reflux obtained by lowering the leg.

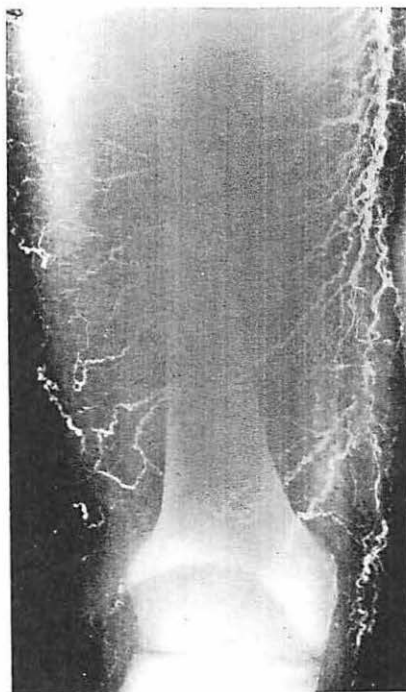


Fig. 2. Demonstration of gravitational reflux by an injection of contrast material in the inguinal region.

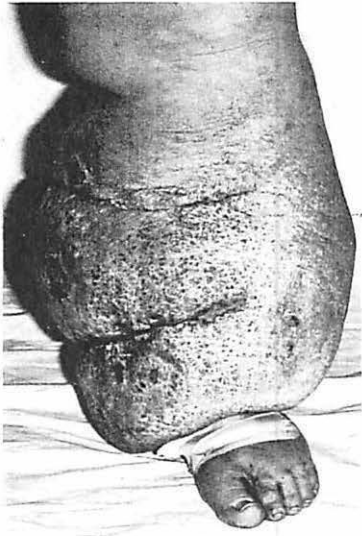


Fig. 3. Monstrous lipo-phlebo-lymphedema in a 43-year-old female



Fig. 4. The leg shown in Fig. 3, 6 months after treatment by a Charles' operation as modified by the author. In addition the antigravitational ligatures had been carried out.

References

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