

Diagnosis and Treatment of Lymphedema

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DESCRIPTION

Lymphedema, also known as lymphoedema or lymphatic edoema, is a disorder in which the lymphatic system becomes clogged and causes localised swelling. The lymphatic system is an important part of the body's immune system and is responsible for returning interstitial fluid to the bloodstream [1]. Lymphedema is most commonly a side effect of cancer therapy or parasite infections, although it can also occur as a result of a variety of hereditary abnormalities. Despite the fact that the disease is incurable and progressing, there are a variety of treatments that can help alleviate symptoms. Because the lymphatic system has been damaged, tissues with lymphedema are at a significant risk of infection.

While there is no cure, medication can help to improve the situation. Compression therapy, excellent skin care, exercise, and Manual Lymphatic Drainage (MLD), collectively known as combined decongestive therapy, are prominent examples. Diuretics are ineffective. Surgery is usually reserved for people who have failed to improve with alternative treatments. Soft tissue swelling, or edoema, is the most prevalent symptom of lymphedema. Edema may worsen, and skin abnormalities such as discolouration, verrucous (wart-like) hyperplasia, hyperkeratosis, papillomatosis, dermal thickness, and ulcers may appear as the disorder worsens. Additionally, there is an increased risk of cellulitis, a skin infection.

A swollen limb can be caused by a variety of disorders that require different treatments. Diagnosis is usually based on signs and symptoms, with tests performed to rule out other probable causes. An accurate diagnosis and staging may aid with care. Lymphedema is presently diagnosed using a combination of history, physical examination, and limb measurements. When surgery is being considered, imaging studies such as lymphoscintigraphy and indocyanine green lymphography are required. However, the best method for lymphedema staging to guide the most appropriate treatment is controversial due to several different proposed protocols. Lymphedema can affect the upper and lower extremities, as well as the head and neck in some cases. The visual examination of the extremities is the initial step in the assessment process [2].

Color, hair, visible veins, size, and any sores or ulcerations are all taken into account. A lack of hair could suggest a problem with arterial circulation. Given the swelling, the circumference of the extremities is measured for reference as time passes. In early stages of lymphedema, elevating the limb may reduce or eliminate the swelling. The degree of swelling can be determined by palpating the wrist or ankle, as well as checking the pulses [3]. The swelling may cause the axillary or inguinal nodes to expand. Long-term swelling of the lymph nodes could signal infection or other disorders, such as complications from breast cancer surgery, which would necessitate further medical treatment. The colour, hair, visible veins, size, and any sores or ulcerations are all taken into account. Hair loss could suggest a problem with arterial circulation. The circumference of the extremities is measured for reference as time passes due to swelling. Elevating the limb can help lessen or eradicate swelling in the early stages of lymphedema. The degree of edoema can be determined by palpating the wrist or ankle; examination also includes a pulse check. Because of the swelling, the axillary or inguinal nodes may grow. Enlargement of the lymph nodes that lasts longer than three weeks could indicate an infection or other sickness, such as a side effect of breast cancer surgery that necessitates further medical attention.

Alterations in chronic venous stasis can resemble early lymphedema, however venous stasis changes are more typically bilateral and symmetric. Lipedema might seem similar to lymphedema, however lipedema usually spares the feet and starts quickly at the medial malleoli (ankle level). It may be necessary to rule out other potential causes of lower extremity swelling as part of the initial work-up before diagnosing lymphedema, such as kidney failure, hypoalbuminemia, congestive heart failure, protein-losing nephropathy, pulmonary hypertension, obesity, pregnancy, and drug-induced edoema.

While there is no cure, medication can help to improve the situation. Compression therapy, excellent skin care, exercise, and Manual Lymphatic Drainage (MLD), collectively known as combined decongestive therapy, are prominent examples. MLD is the illness mild to severe. MLD is safe in the treatment of breast cancer-related lymphedema and may be more effective than compression bandages in reducing swelling. The majority

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of persons with lymphedema can be treated medically using conservative measures. Diuretics are ineffective. Surgery is usually reserved for patients who have failed to improve with other treatments.

Lymphedema is normally treated conservatively, but surgery may be recommended in some circumstances. If chronic nonpitting edoema is present, Suction Assisted Lipectomy (SAL), also known as lymphedema liposuction, may help. The operation involves the removal of fat and protein, as well as ongoing compression therapy. As of 2017, there is tentative evidence to support Vascularized Lymph Node Transfers (VLNT) and lymphovenous bypass, however it is accompanied with a variety of problems [4].

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