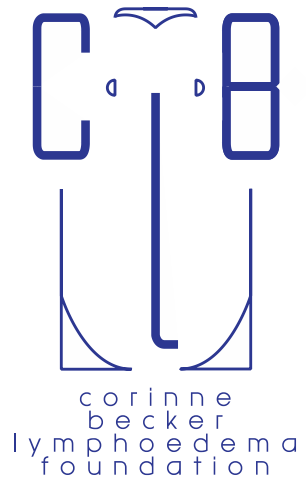
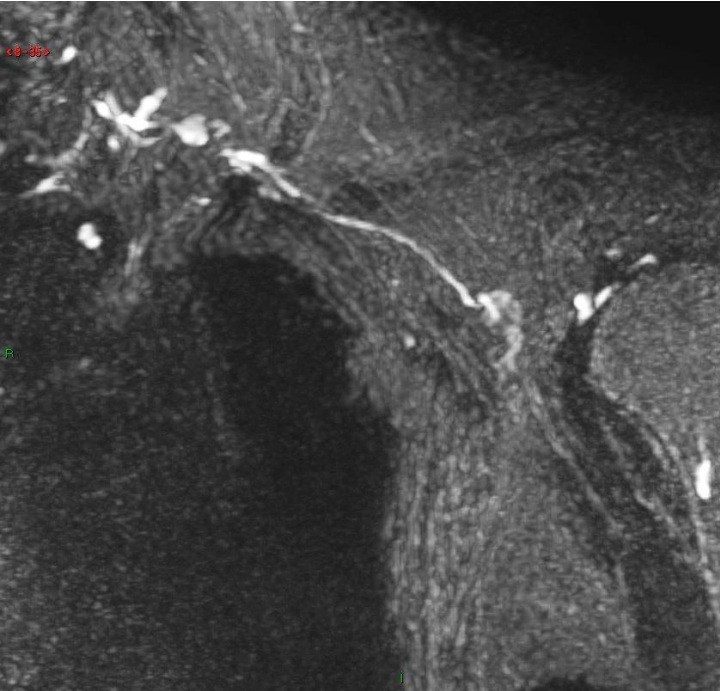


# POSSIBLE HEALING AFTER LYMPHNODES TRANSPLANTATION?

**BECKER C.  
PARIS**



# BANDAGING WHEN PATHWAYS IS THE BEST SOLUTION

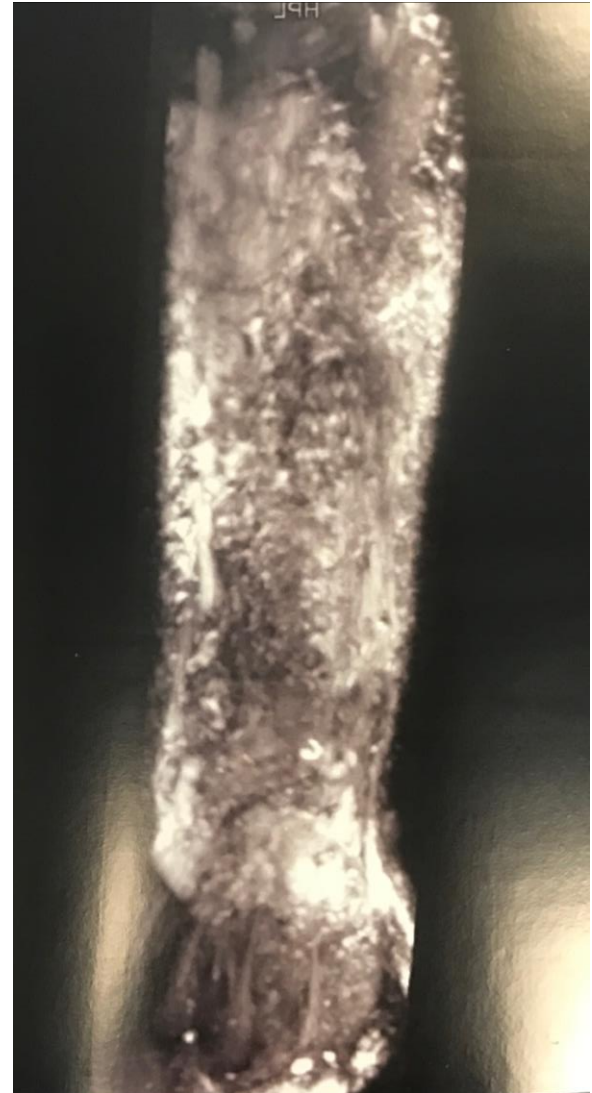


poor

# RESULTS WITH PHYSIO IF NO PATHWAYS



# Poor results if lymphatic vessels destroyed by chronic infections



- **fluoroscopyfluorescence**

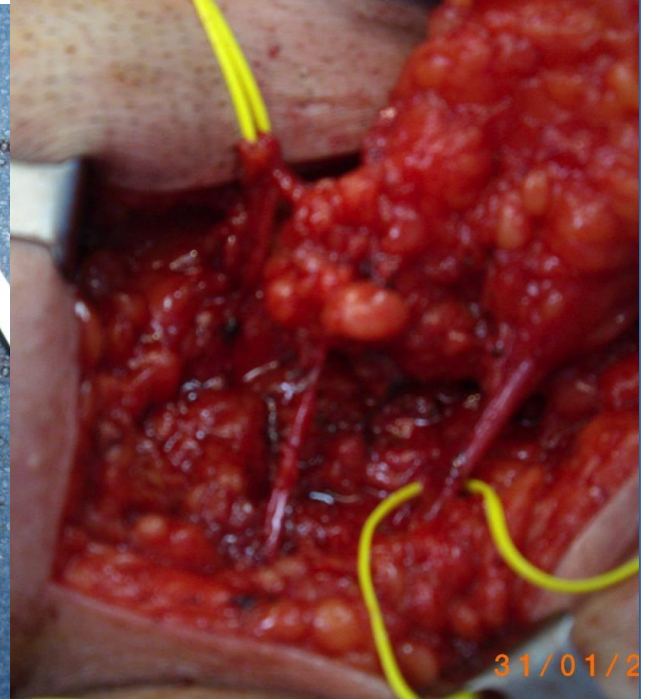
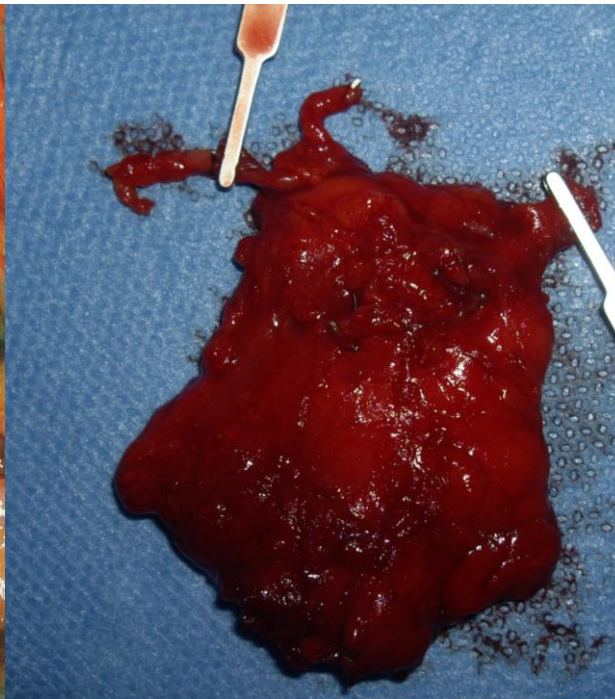
High power Class 3R laser  
to generate fluorescence at  
optimal excitation wavelength



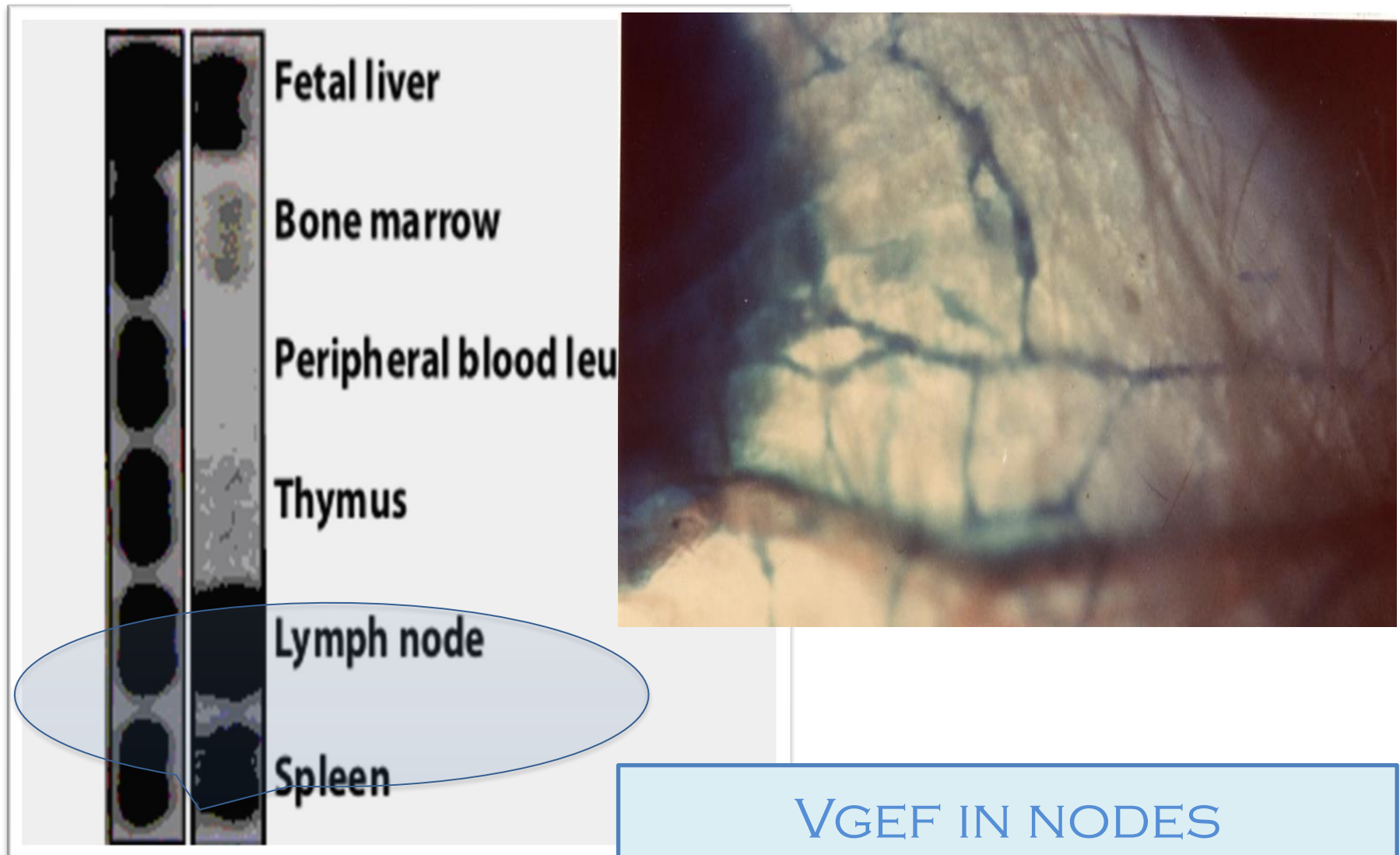
# CONCEPT



- FREE FLAP CONTAINING NODES (VGEFC) AND SPECIAL FAT AROUND THE NODES (CYTOKINES)

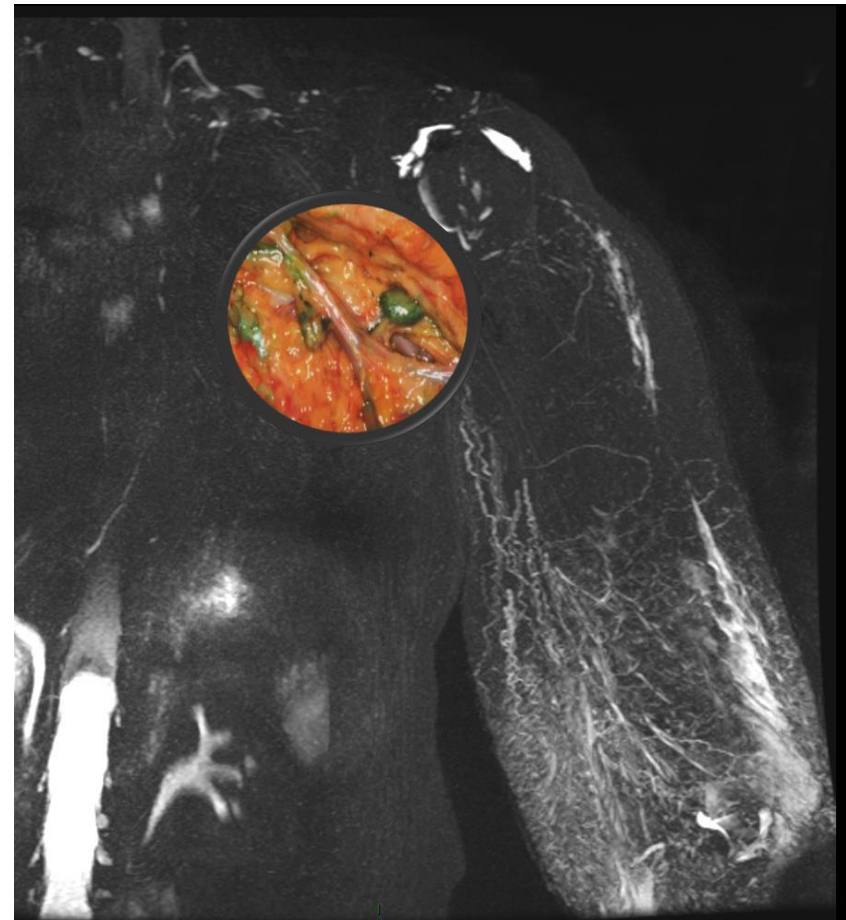


# REGENERATION OF LYMPHATIC VESSELS



VGEF IN NODES  
CYTOKINES IN THE FAT

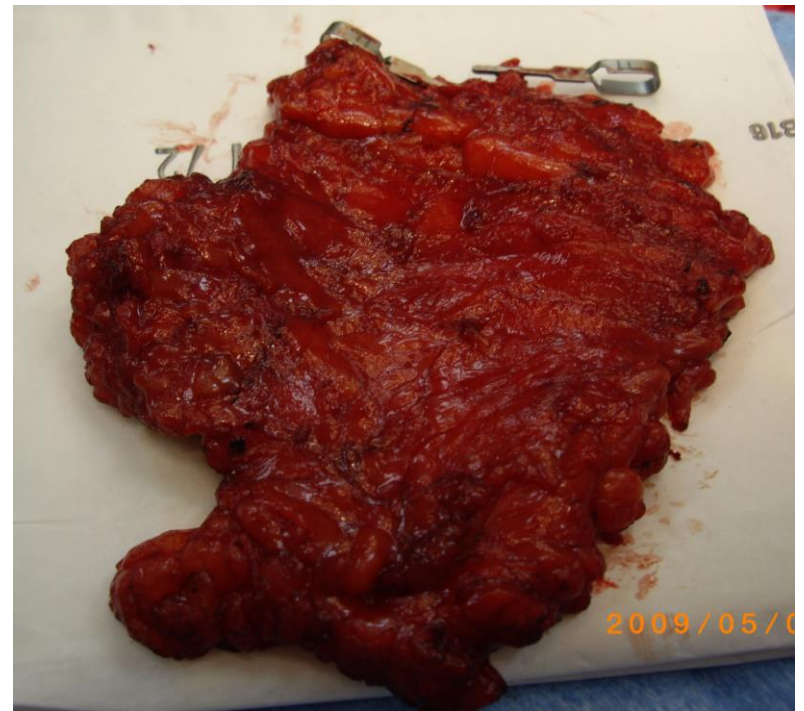
# RECONSTRUCTION OF THE AXILLAR REGION SEEMS MORE LOGIC BY LYMPHNODE FLAP(LIVING NODES)



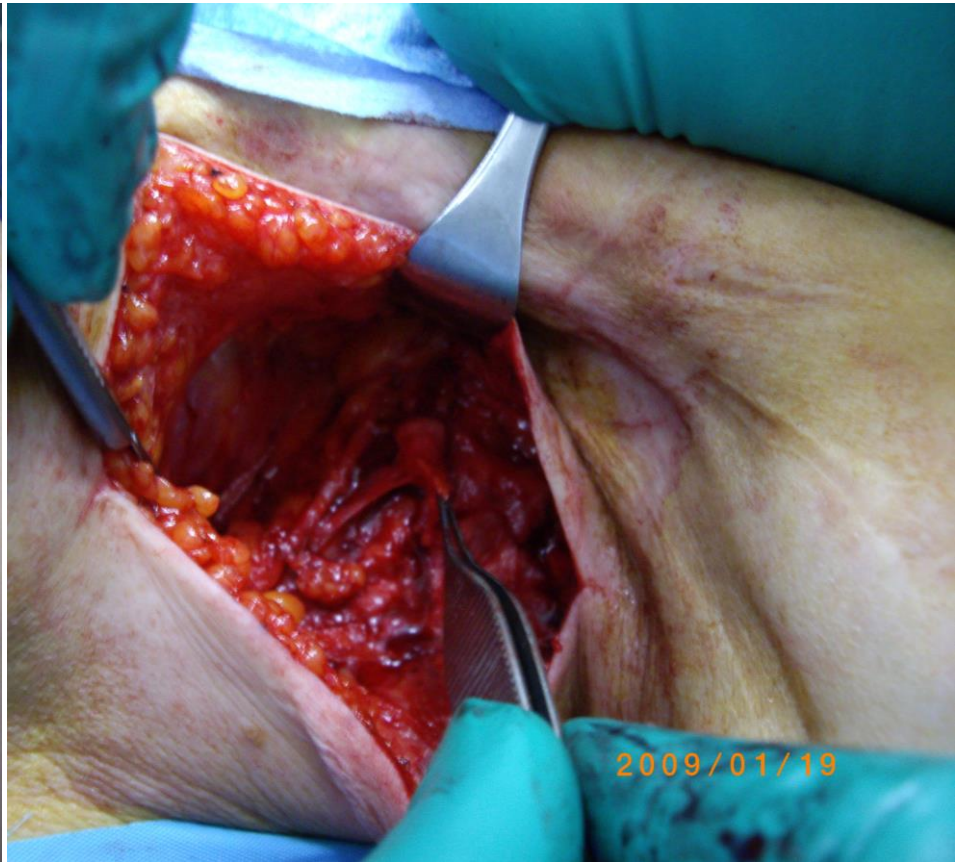


**DISSECTION OF THE FIBROTIC TISSUE AND  
THEN PUT A GOOD TISSUE TO BRIDGE THE  
DAMMAGED AREA**

*there impossible to open this fibrosis (like cement ), with the hands!!!*

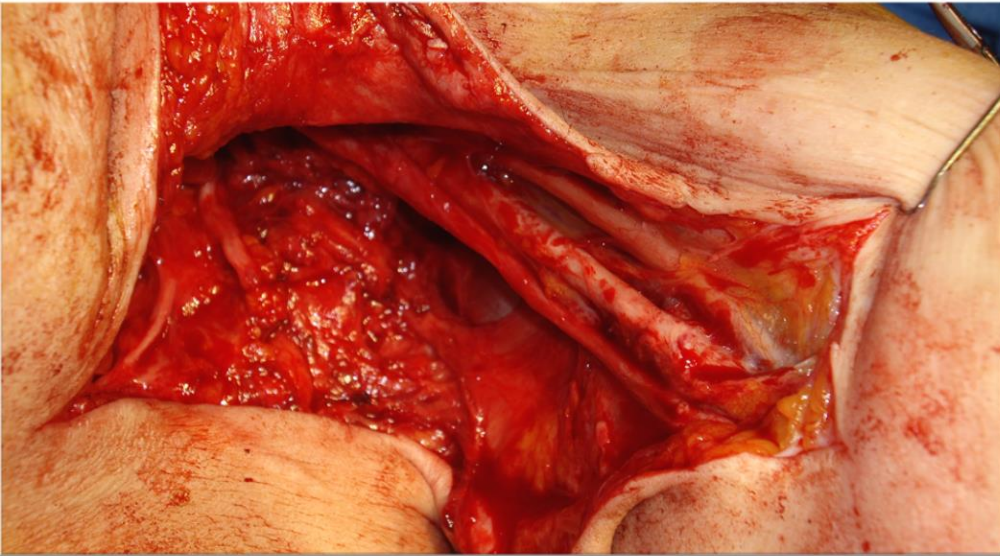


# Operative technique: removing the fibrosis around the axillar vein



**THE « WHOLE IS BIGGER AS YOU THINK!**

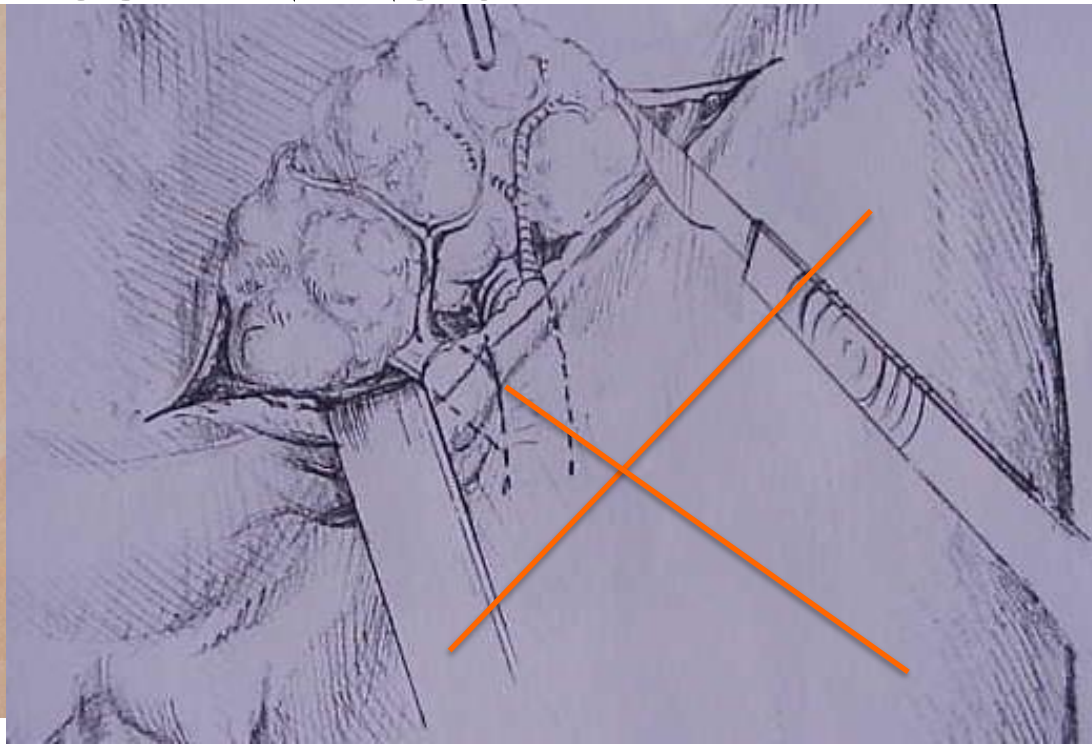
**Different situations**



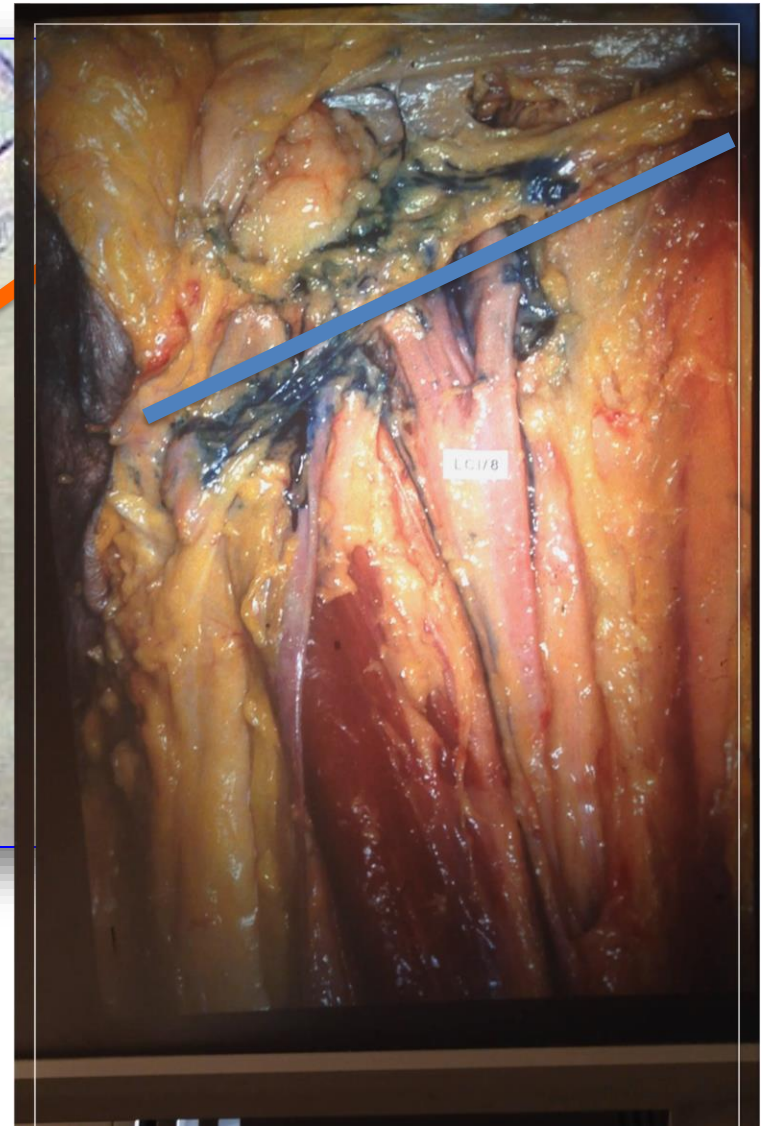
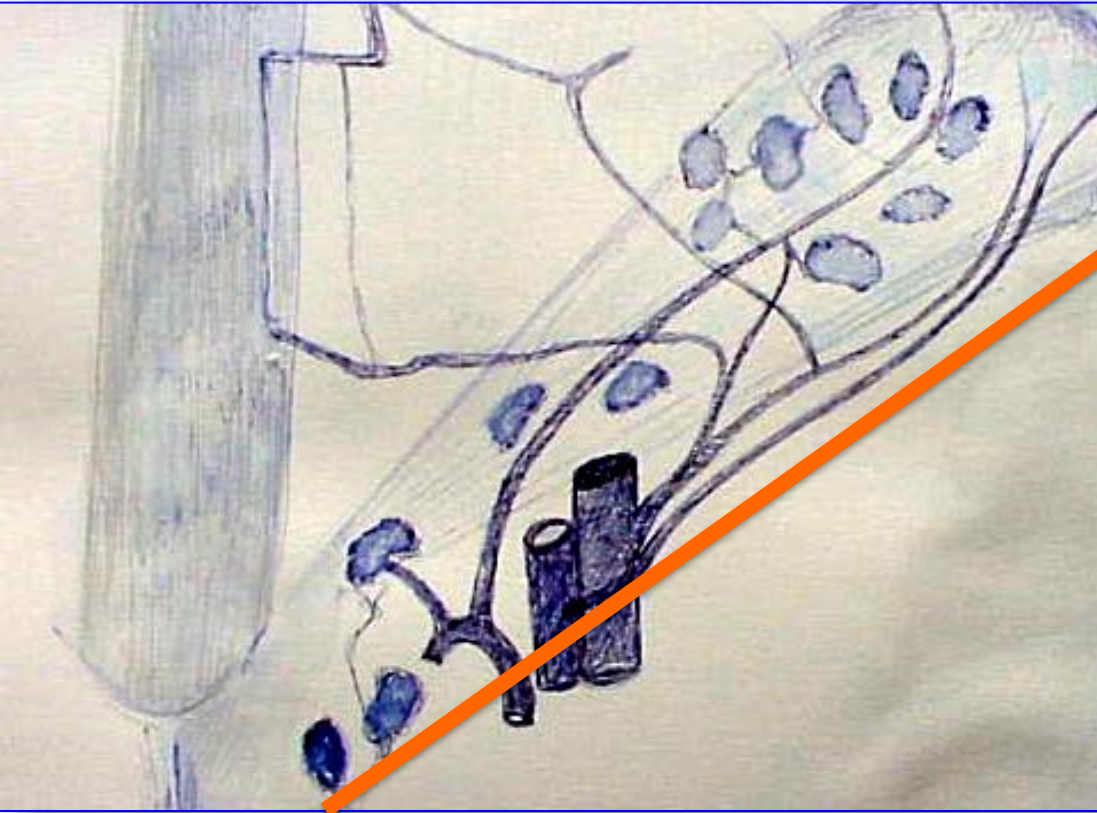
## 2. ANATOMY STUDIES

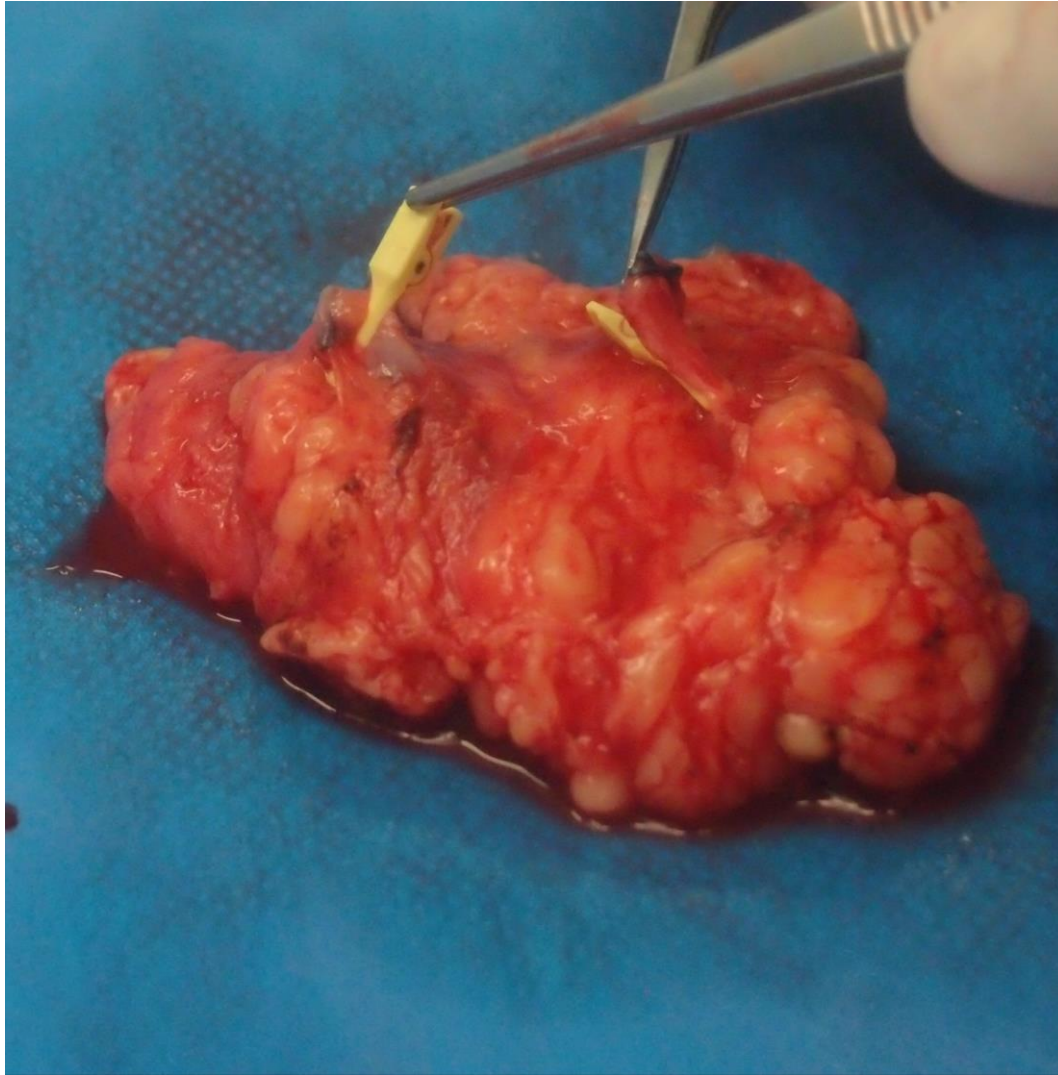
TO FIND SOME NODES WITH THEIR OWN VESSELS THAT WE CAN REMOVE WITHOUT CREATING LYMPHOEDEMA OF THE DONOR SITE

### 1. UPPER INGUINAL REGION

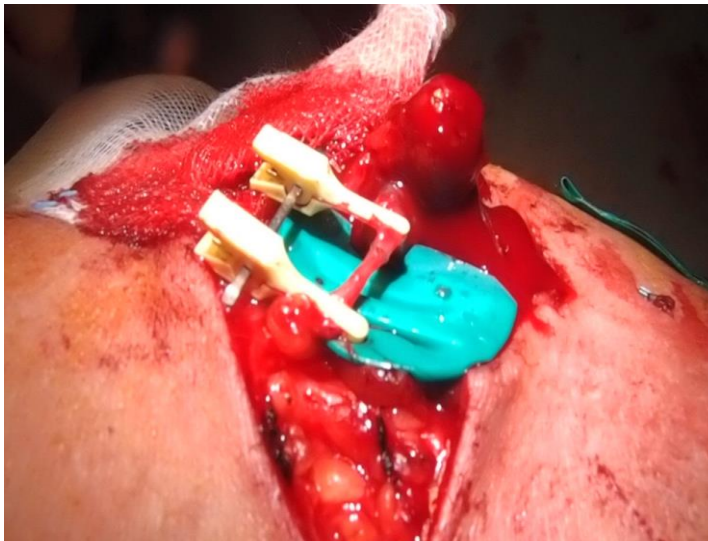


**INF LIMIT=EMERGENCE OF THE CIRCONFLEX  
SUP.ILIAC VESSELS.**DO NOT GO LOWER!!!****

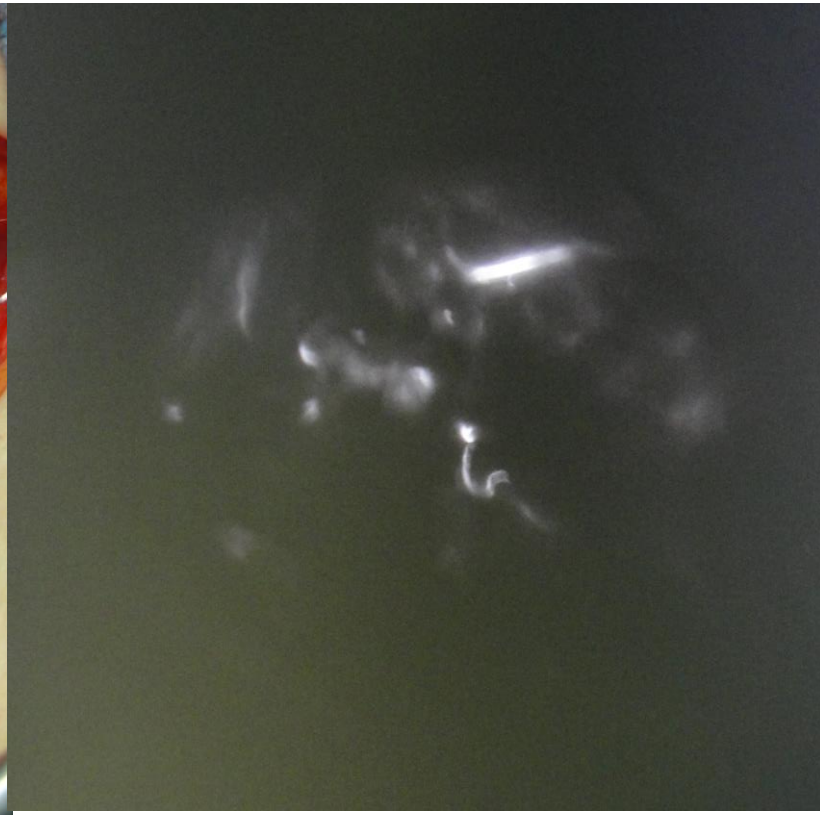




# TRANSPLANTED NODES ARE DIRECTLY VASCULARISED



**ANASTOMOSIS ARE SEEN AND THE NODES  
ARE WELL VASCULARISED**

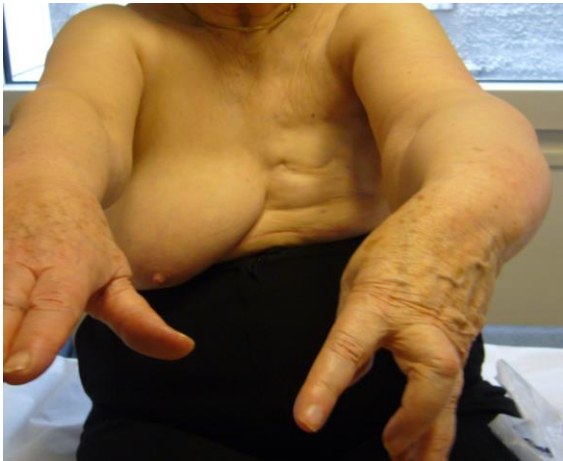
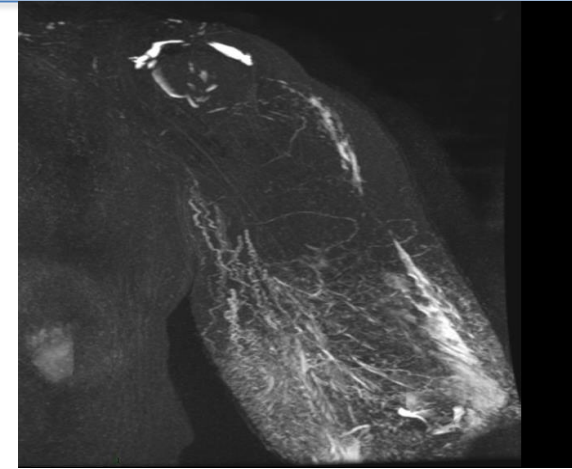




# INDICATIONS OF UPPER INGUINAL LYMPHNODES FLAP FOR IATROGENIC UPPER ARM

- **LYMPHOMRI : BLOCAGE**

- **FIBROTIC ZONES**



- **PAIN, PALSY**

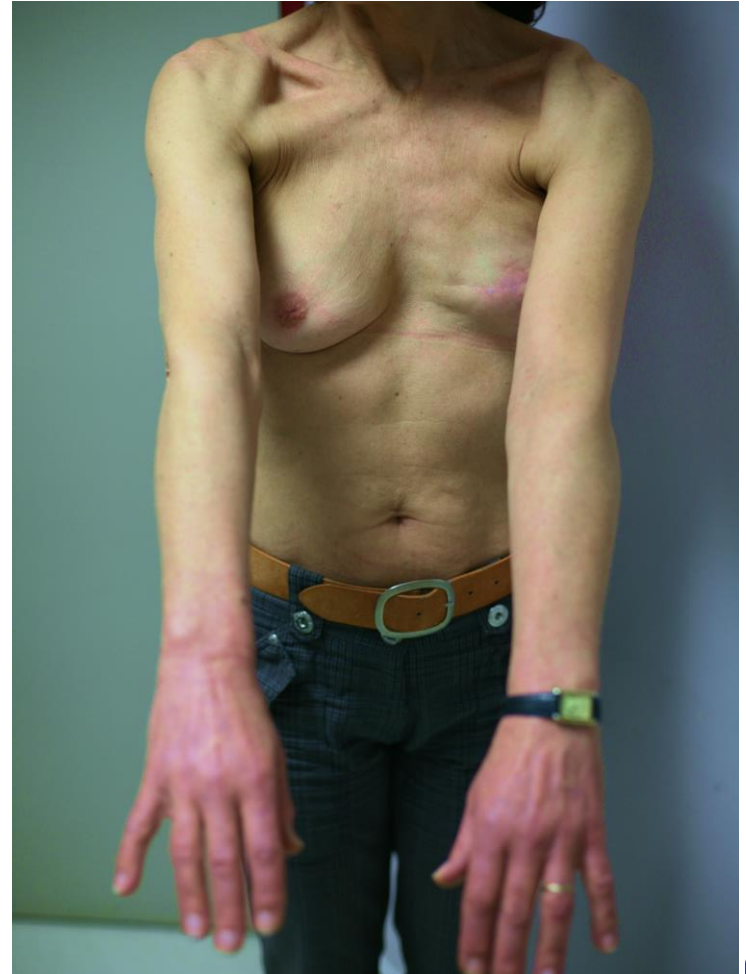


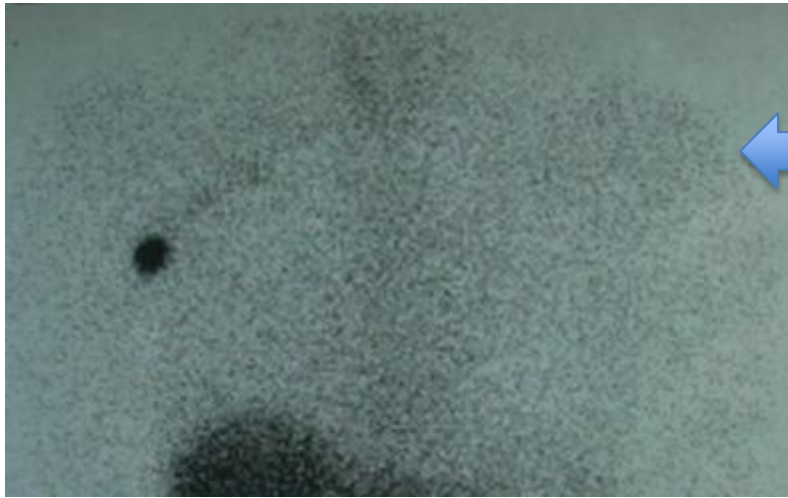
- **CHRONIC INFECTIONS**

## BREAST RECONSTRUCTION



# PREOP AND 8 P. OP LARGE LNT

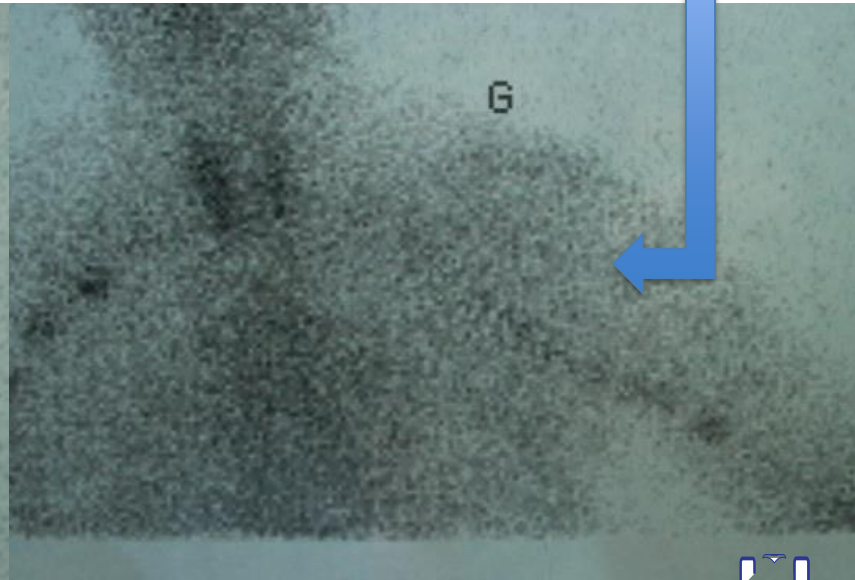
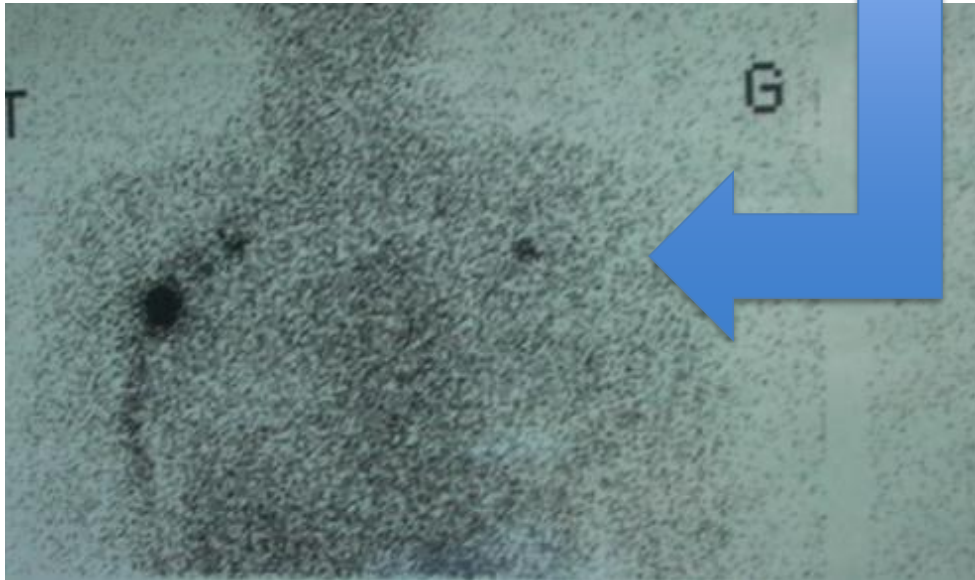
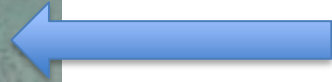




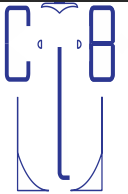
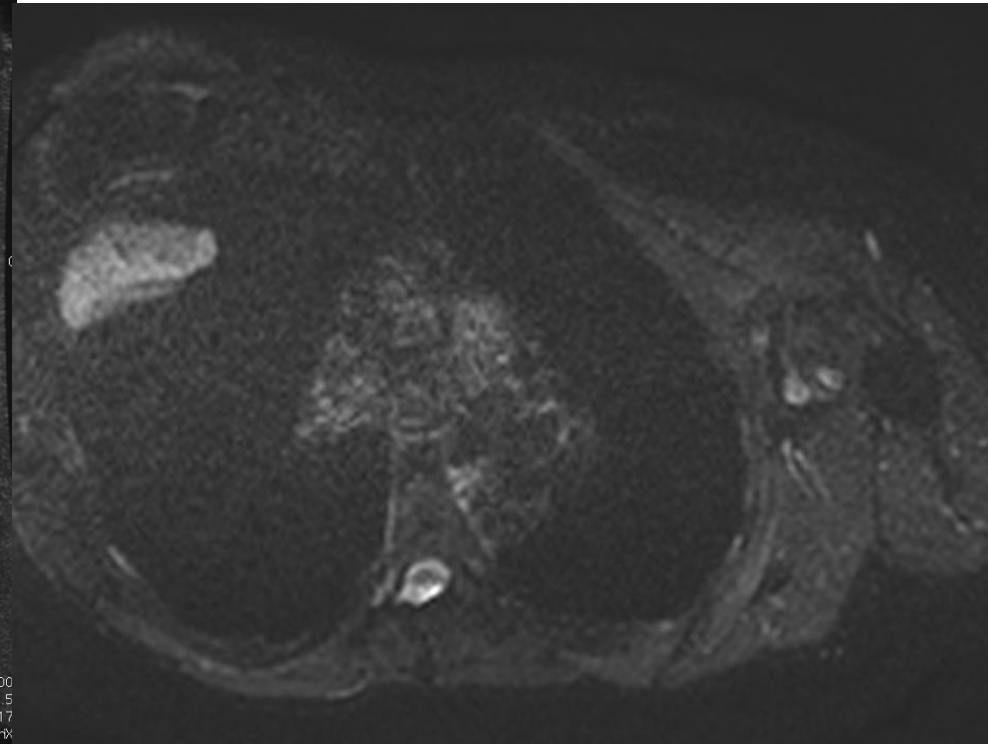
PREOP

1 YEAR P.OP

5 YEARS P.OP



# 8 YEARS P.OP NORMAL LYMPH. VESSELS

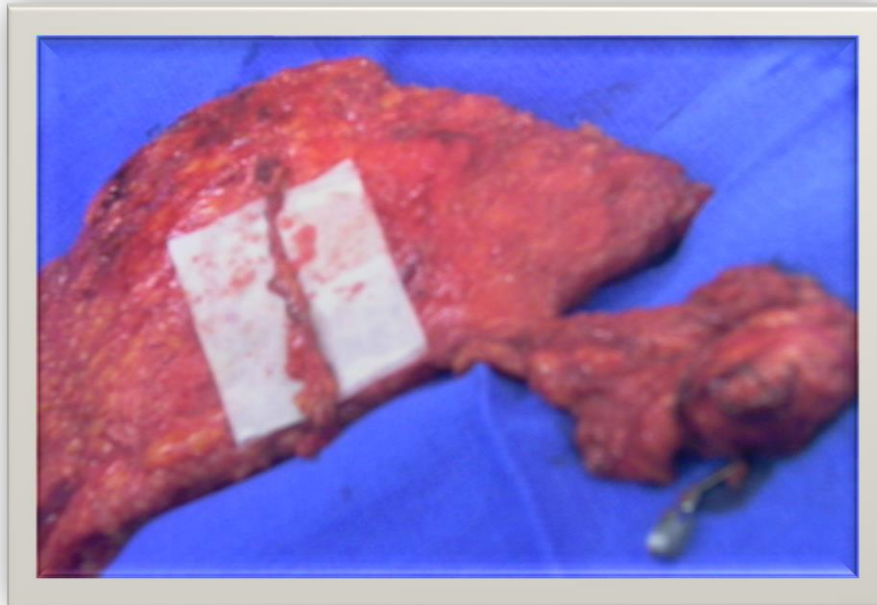
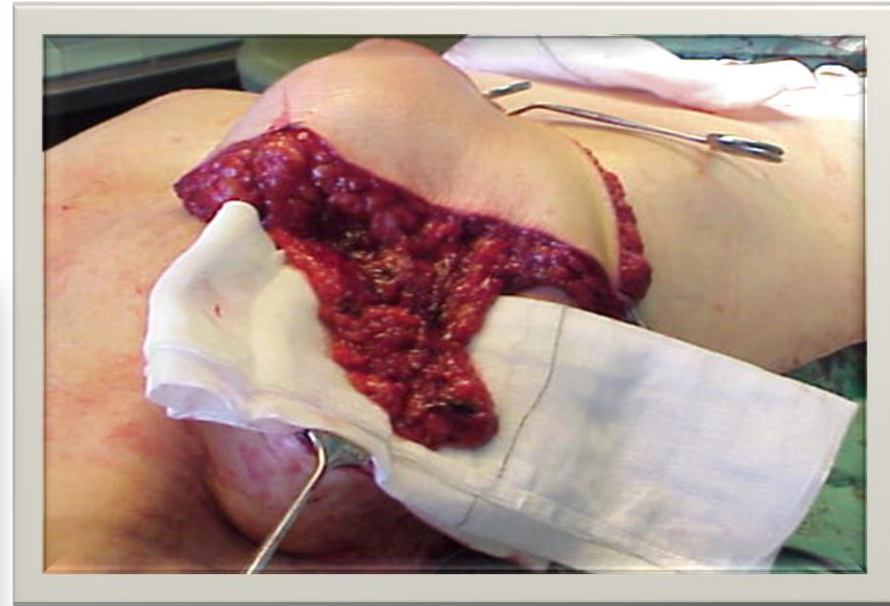


Pre op.

2y after ALNT



# DIEP INCLUDING LYMPHNODES FLAP



Pre and.



post op



EVEN IF 25 YEARS OF MASTECTOMY, 20Y OF  
LYMPHOEDEMA!  
8MONTHS POST ENLARGED DIEP





2 years after ALNT no more infections, no physio needed



# **40% COMPLETE HEALING IN MODERATED CASES**

**IMPROVEMENT OF ALL THE CASES  
REDUCTION OF THE INFECTIONS**

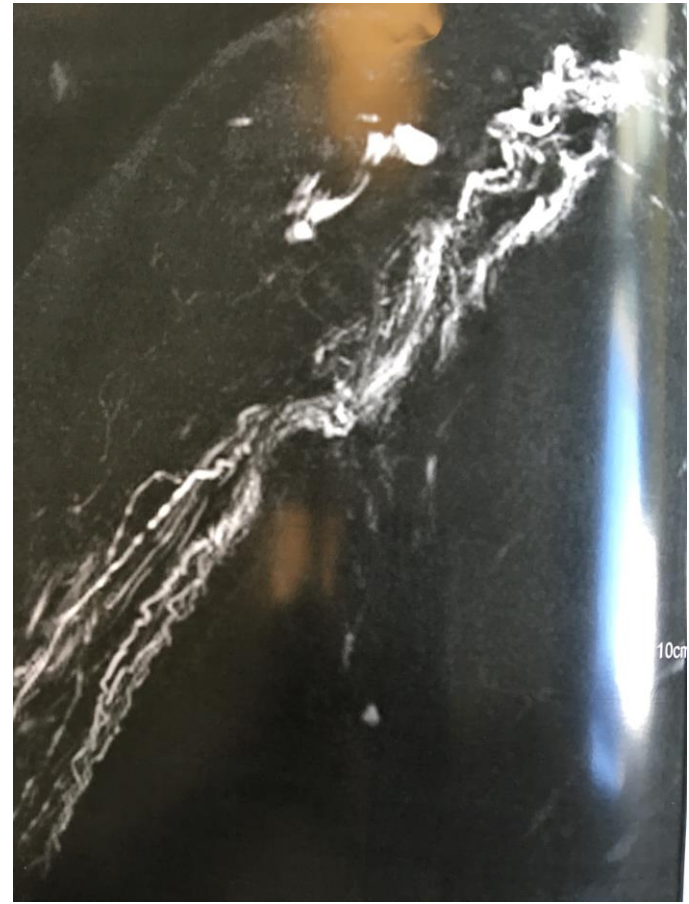
# IATROGENIC WITH CONGENITAL BACKGROUND?

- YOUNG GIRLS (20 AND 22 WITH TRAUMA (FALL(CASE 1) OR BURNING (CASE 2)
- WITH DRAMATIC LYMPHOEDEMA SINCE 4 YEARS,
- RESISTANT TO ALL TREATMENTS,
- MORPHINODEPENDANT,
- WITH CHRONIC INFECTIONS....
- TREATED FOR ALGODYSTROPHY!!!!

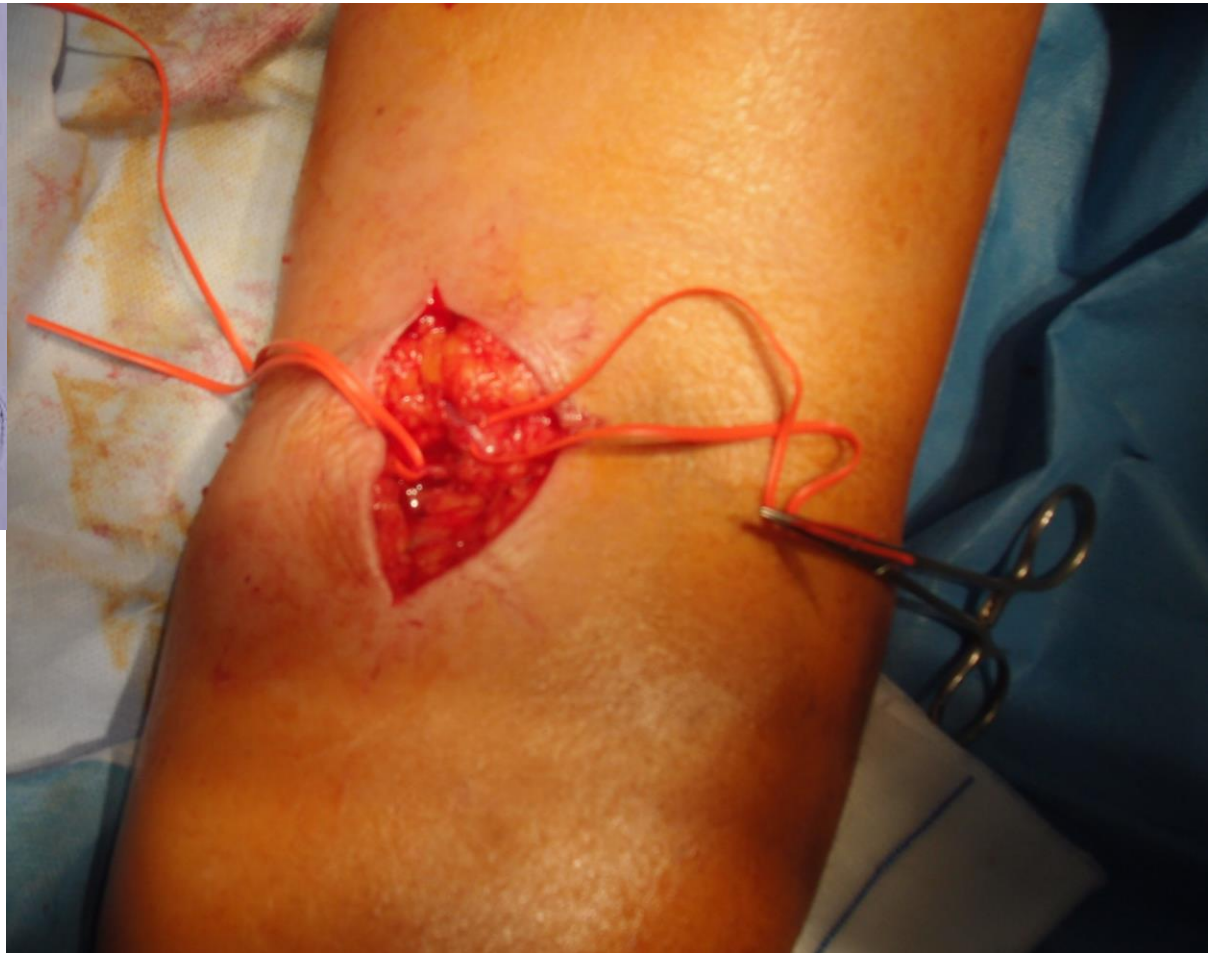
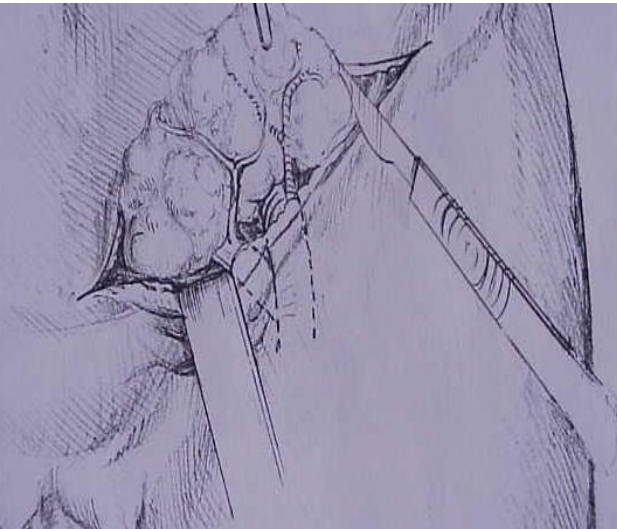
# CONGENITAL (?) UPPER ARM (AFTER FALL!!!)



- AFTER 1 TRAUMA, PERHAPS WEAKNESS OF THE LYMPHATIC SYSTEM....

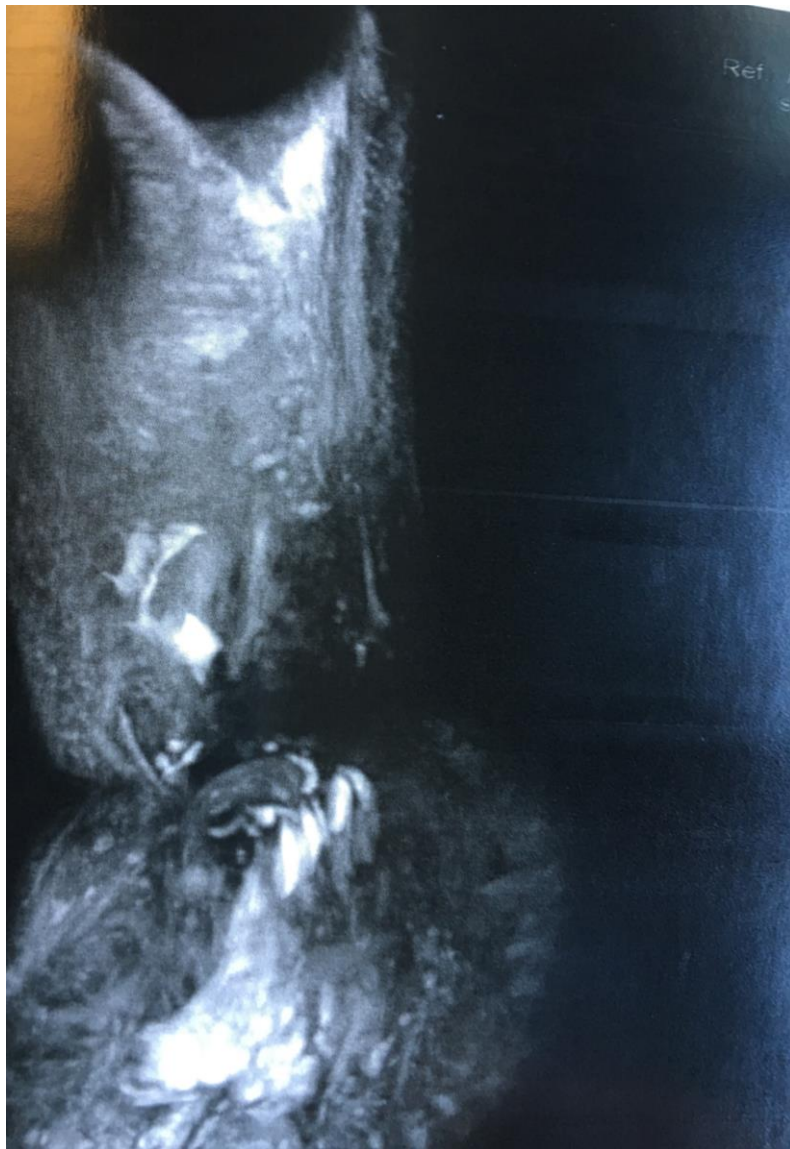


# INSERTION AT THE ELBOW IN CASE OF DISTAL LYMPHOEDEMA



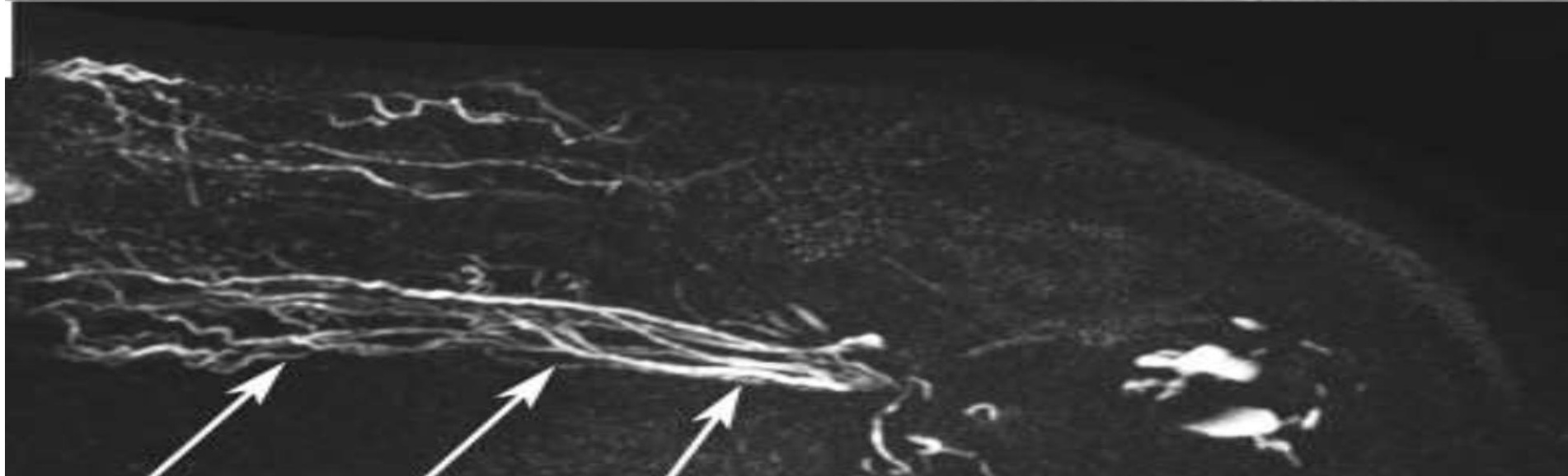
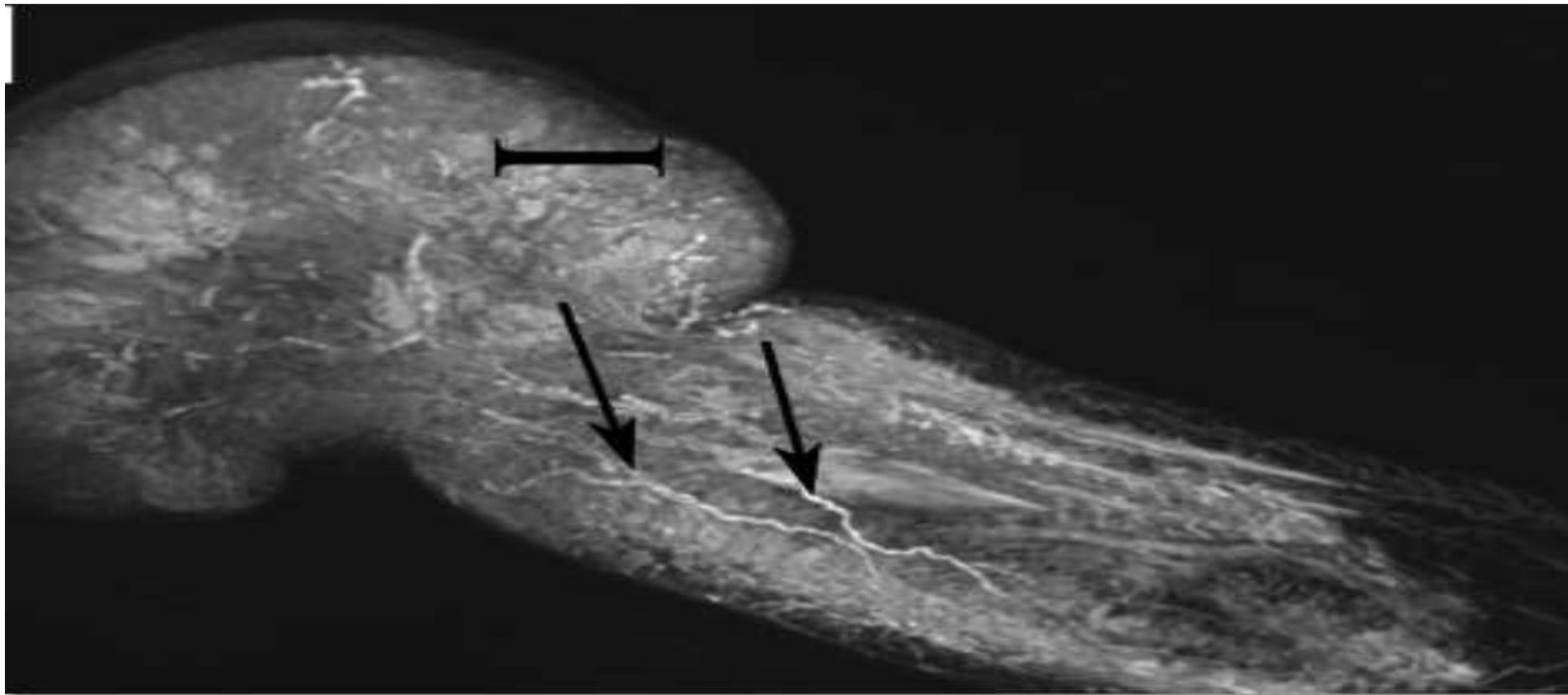


# Pre and 1 year post surgery









# UPPER ARM CONGENITAL

- **OPERATE AS SOON AS POSSIBLE**

**CONGENITAL 45 YEARS OLD  
PRE AND 1 YEAR POST ALNT  
PLACED IN THE AXILLAR REGION**



# 27 YEARS OLD LYMPHOEDEMA OF THE ARM AND RESULTS 2 YEARS AFTER ALNT IN THE AXILLA



2 YEARS OLD BOY

AND LYMPHNODES TRANSFERS AT THE ELBOW  
CAN BE COMBINED WITH EXCISION

RESULTS 8 MONTHS AFTER ALNT+ EXCISION

