

CONGENITAL  
AL  
LYMPHEDE  
MA:  
SURGICAL  
TREATMEN  
T



**NO ONE IS GOD  
WE NEED TO WORK TOGETHER AND TRY TO  
UNDERSTAND :  
ALL THE LYMPHOEDEMA ARE DIFFERENT**

**COMBINATIONS OF  
TECHNIQUES  
AND  
RESEARCH  
ARE IMPORTANT**

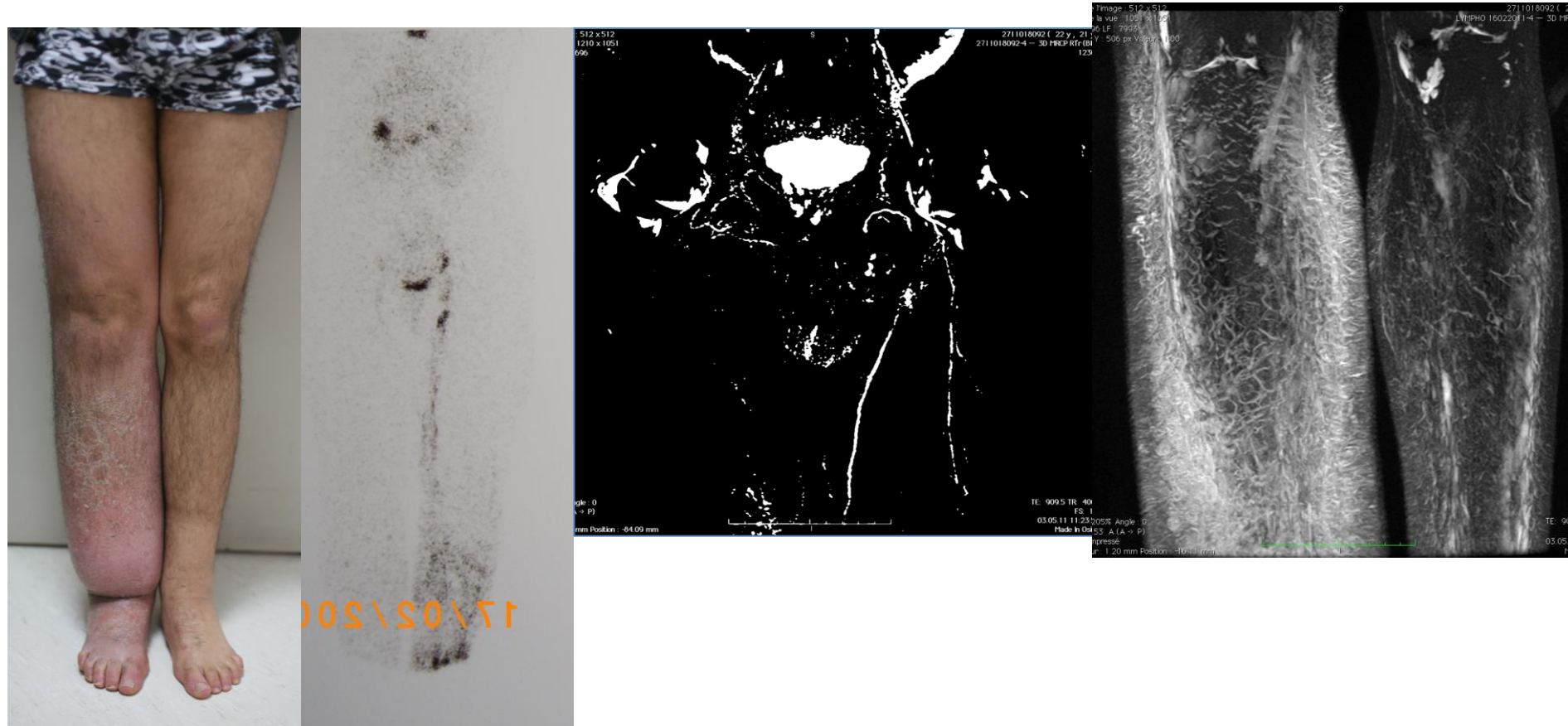


# DIFFERENT FORMS, TYPES AND...DIFFERENT TREATMENTS



- LYMPHANGIOSCINTIGRAPHY:  
DYNAMIC BUT POOR  
INFORMATIONS-
- COMBINATIONS WITH  
FLUORESCINE

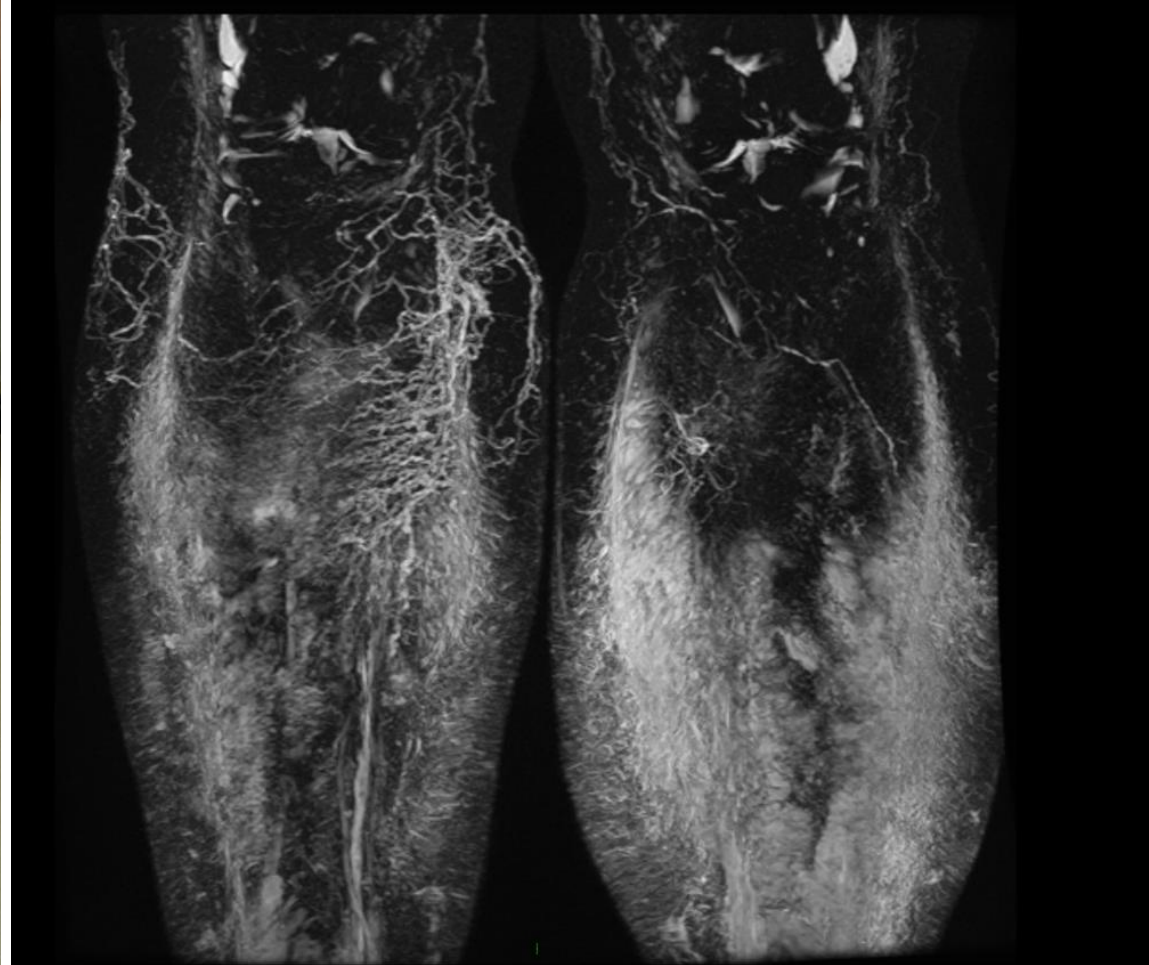
## LYMPHO MRI!!!!



# HYPERPLASIA: INDICATIONS OF LVA NO LNT



**SAME PATIENT HYPOPLASIC AND HYPERPLASIC IN THE OTHER LEG!!!**



# strategy

- **HYPOPLASIC CASES:**
- **DERMOLIPECTOMY IF ENORMOUS FOLDS**
- **LYMPHNODES TRANSFER - IN IGUINAL IF ALL LEG INVOLVED**
- **- AT TH KNEE LEVEL IF DISTAL**
- **2 FLAPS IF NECESSARY**
- **WITH LIPOSCULPTURE IF FAT DEPOSITS (UNDER FLUOROSCOPY)**

Distal lymphoedema





**DISTAL BIG LYMPHOEDEMA :  
DERMOLIPECTOMY AND LYMPHNODE TRANSFER  
AT THE KNEE**

**BILATERAL DISTAL LYMPHOEDEMA AMPUTATION AFTER STRONG INFECTIONS  
FIRST FLAP IN THE LEFT KNEE AND 2 MONTHS LATER IN THE RIGHT LEG. RESULTS AFTER 3 MONTHS ON THE LEFT SIDE AND 1 MONTH ON THE RIGHT SIDE JUST WITH LYMPHNODE TRANSFER**



# Whole leg lymphoedema

- 1 flap in the inguinal with lipo
- 1 flap at the knee if need

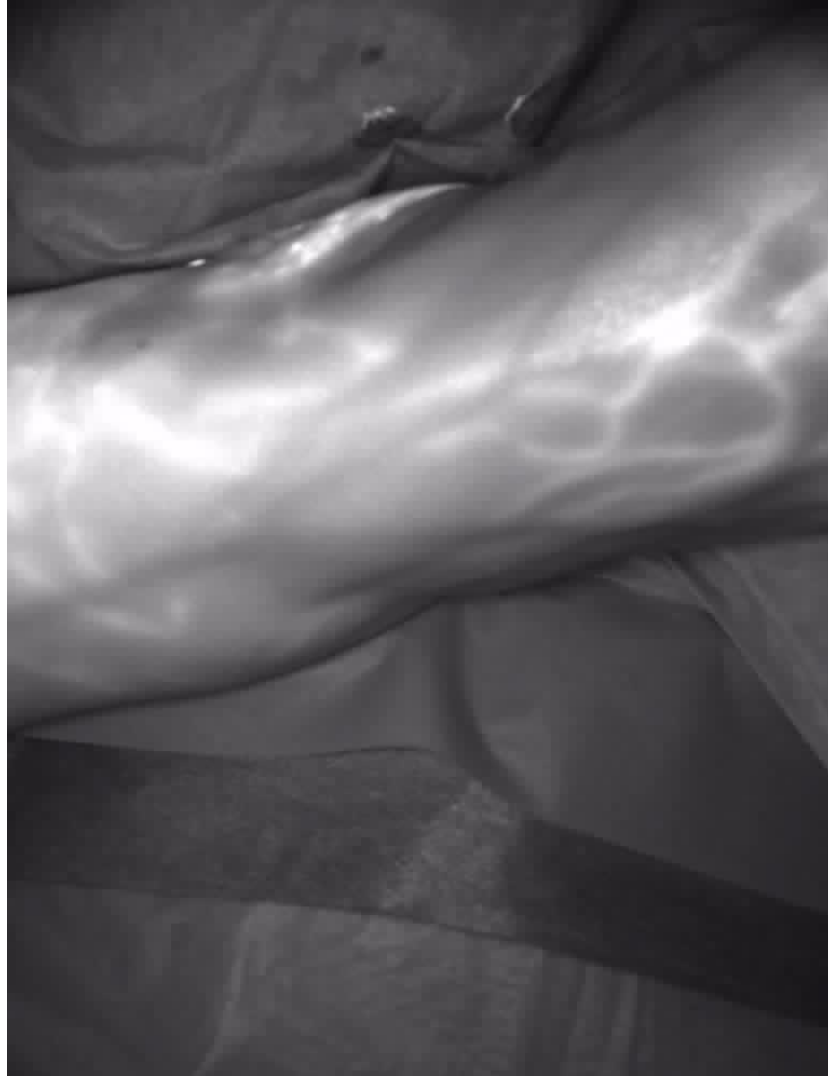
**LYMPHEDEMA SINCE PUBERTY  
PREOP AND 12 YEARS POST  
INGUINAL FLAP**  
*ACTUALLY I WOULD DO A LIPOSCULPTURE*





**FIRST INGUINAL FLAP. AND MINI LIPOSCULPTURE  
6 MONTHS AFTER .NEEDS LYMPHOVENOUS ANASTOMOSIS AT THE ANKLE**

**SPY HELP TO FIND THE LYMPHATIC VESSELS TO ADD LV ANASTOMOSIS TO TREAT THE IMPERFECTIONS AT THE ANKLE AFTER LYMPHNODES TRANSFER**



# DISTAL LV 1 YEAR AFTER ALNT



Lymphoedema since 20b years with chronic infections. Results at 18m after 2 flaps and LV at the ankle

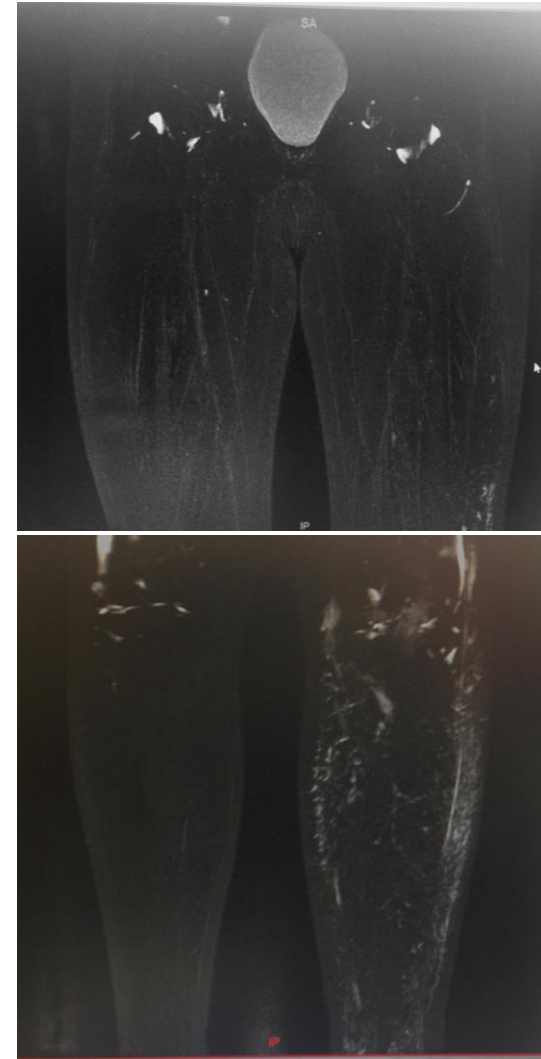
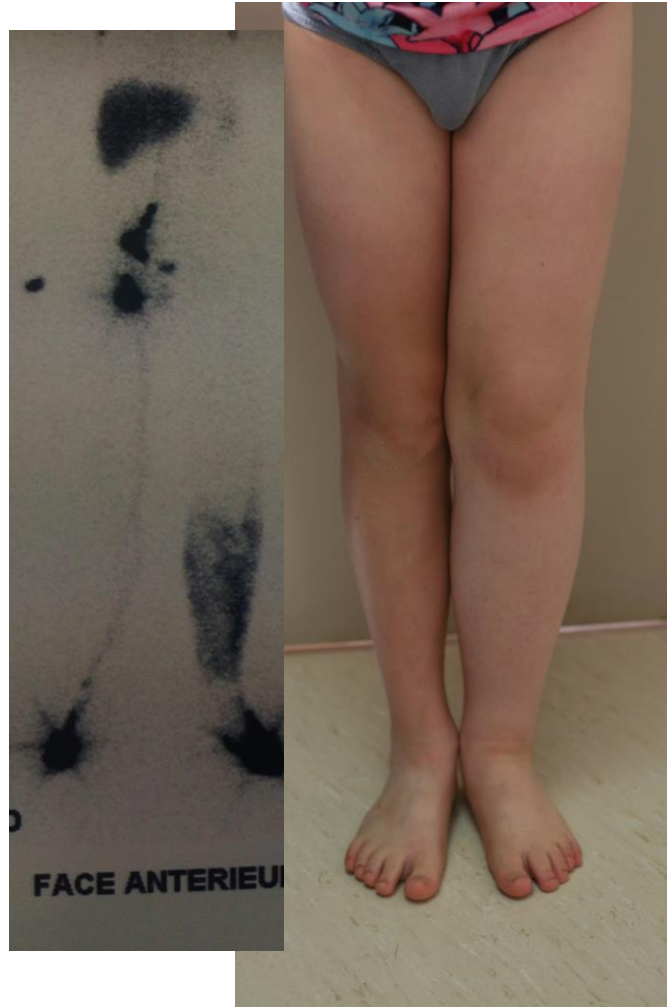




Since birth: 2 flaps plus liposculpture and LV at the ankle



9Y OLD BOY LYMPHEDEMA SINCE BIRTH  
AND 9 YEARS AFTER 2 ALNT AND MINI LIPOSCULPTURES





**CAME AT 20 YEARS OLD, HIS PICTURE WHEN HE WAS CHILD**



# PREOP AND AFTER 2 FLAPS WITH NODES 2 YEARS POST OP AND 6 YEARS



# Lymphnodes transplantation



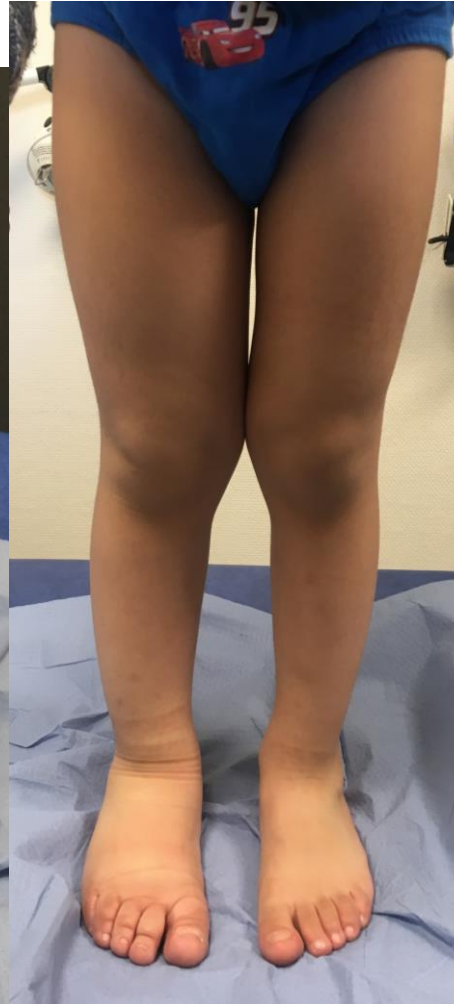
## indications

- Hypoplastic cases
- *Growth factors in the nodes and the fat around the nodes*
- *Operate **as soon** as possible (from 6 months.....less fibrosis.....*

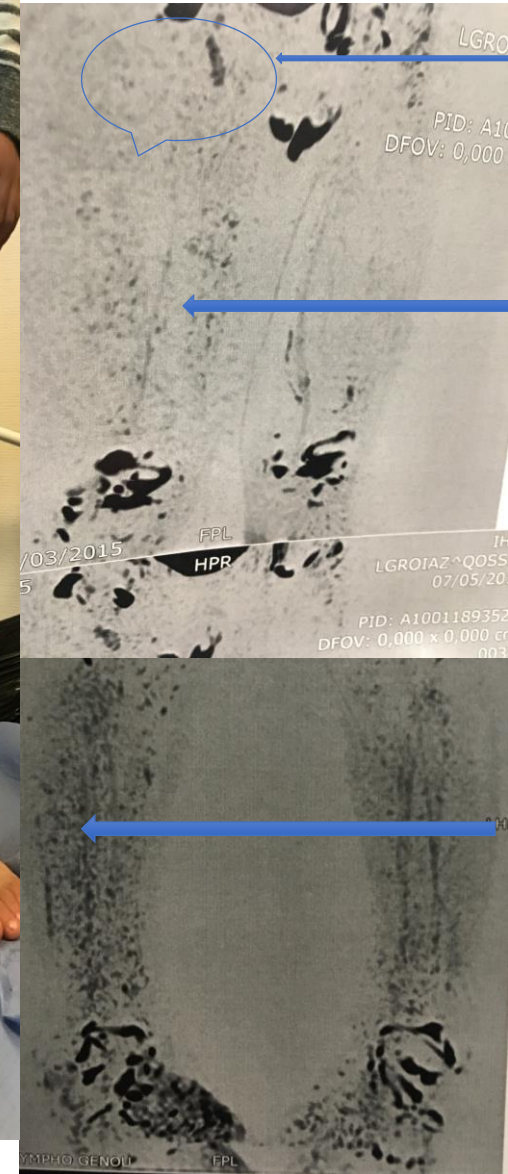
Preop  
the inguinal region



1 year



2 years after transplantation in

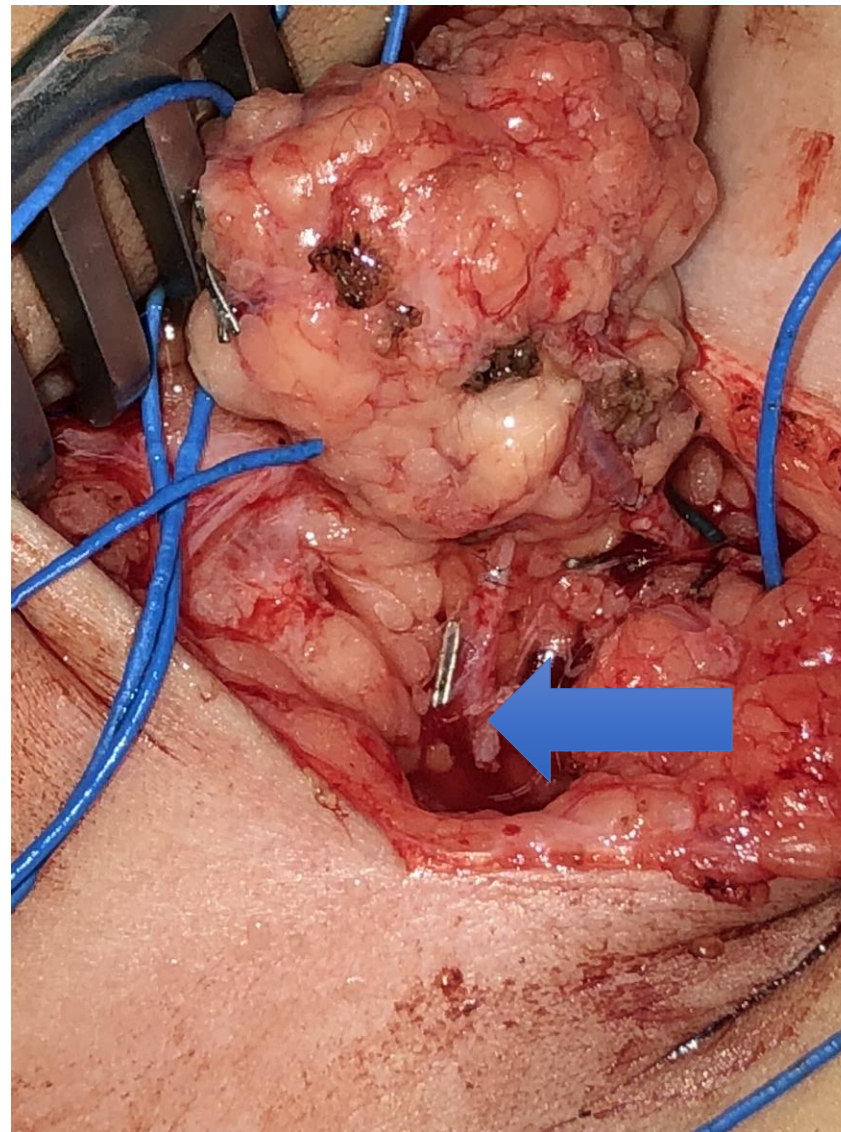
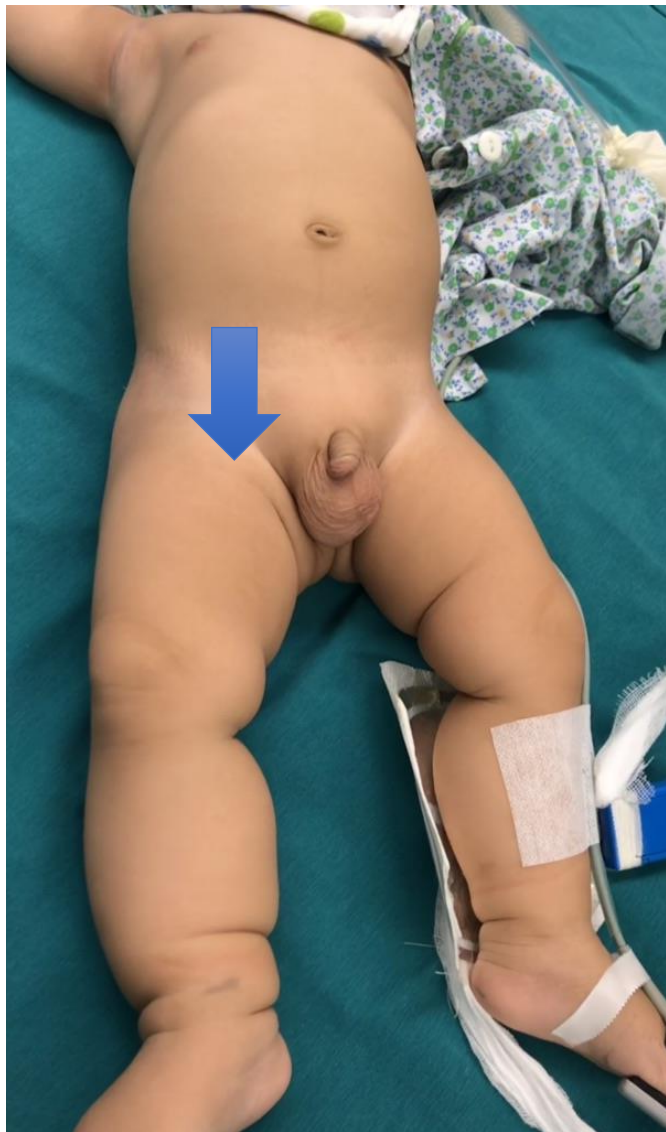




3 years old child:pre and 6 months after  
nodes transposition inguinal region



For whole leg edema, implantation in inguinal area



3 years old, pre and after 6 months ALNT



**BABY FOLLOWED  
SINCE BIRTH,  
INGUINAL NODES  
TRANSPLANT AT.  
11 MONTHS**



Result at 2 years old



At 5 years old





Sep, 2017 (08 months)



Nov 2018

# ELEPHANTIASIS

- Dermolipectomies
- when the true excess of skin are removed
- Lymphnode transfer to stabilize
- In inguinal.
- And distally if need

3 dermolipectomies, 2 free lymphatic flaps: results after 3 years

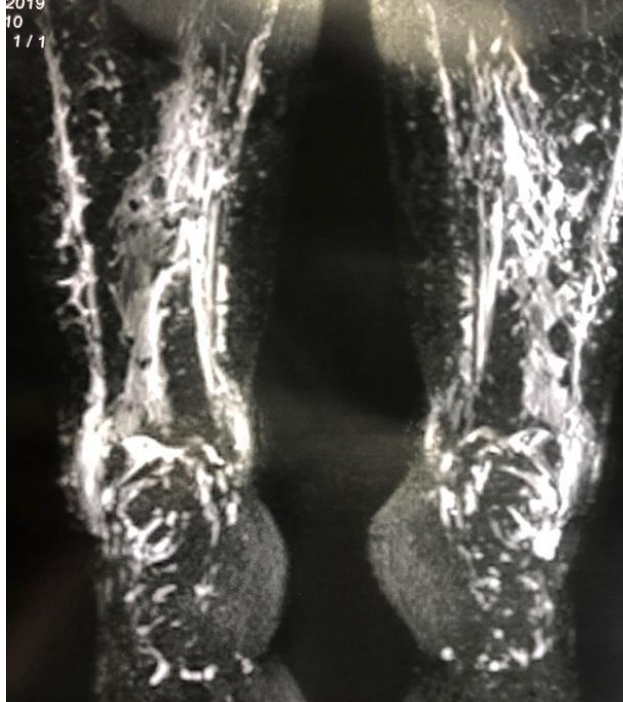


# Lymphoedema, obesity:

lymphnodes transfers at the knee region if distal edema and later dermolipectomies

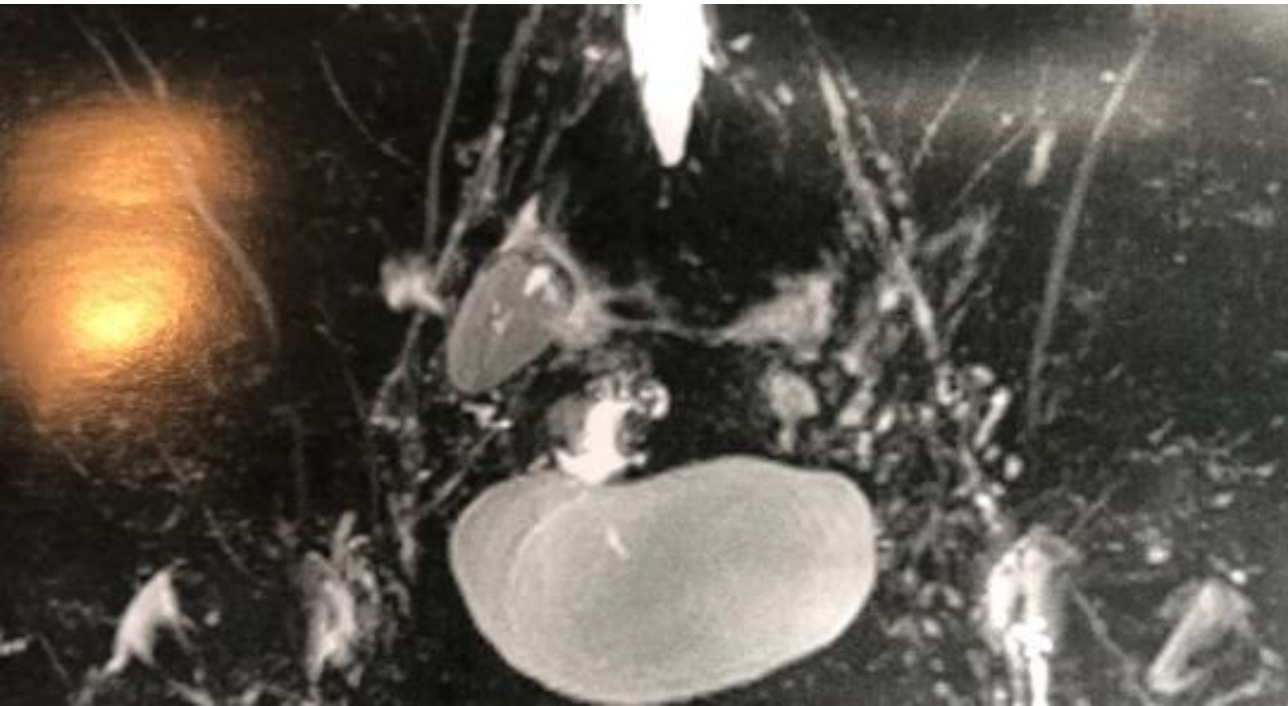






# LIPOEDEMA

- IF IRML SHOWS DISTAL WATER DEPOSITS, COMBINATION WITH LYMPHNODES TRANSFER AT THE KNEE OR INGUINAL IF HYPOPLASIA IN THE ILIAC AND INGUINAL REGION
- AND LIPOSULPTURE
- IF IRML IS NORMAL: LIPOSCULPTURE WITH FLUOROSCOPY



Lipoedema and lymphoedema:  
Lymphnode transplant at the knee  
and lipo (hips)



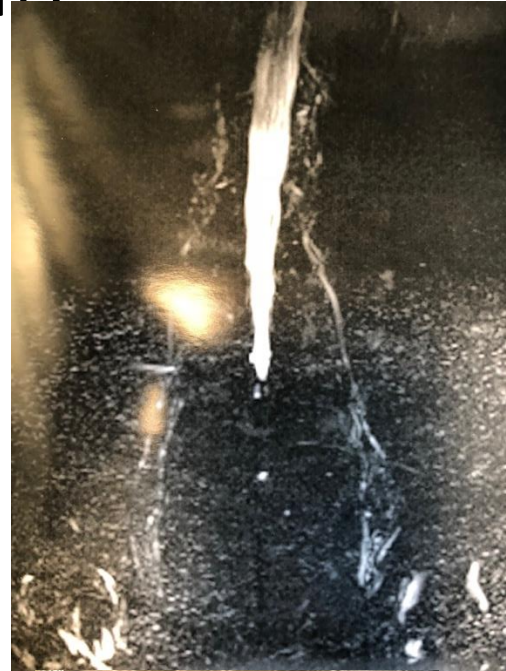
**LIPOEDEMA/LYMPHOEDEMA**  
**LYMPHNODE TRANSFER**  
*(KNEE OR INGUINAL DEPENDING THE*  
*TYPE OF HYPOPLASY)*  
**AND**  
**LIPOSCULPTURE**



Lipoedema. Do lymphoMRI. Lipo does not treat in case of hypoplasia. Combination with ALNT at the knee at the right side. 2 years after



Lipoedema and hypoplasia in the inguinal region. results after ALNT in the inguinal region and liposculpture



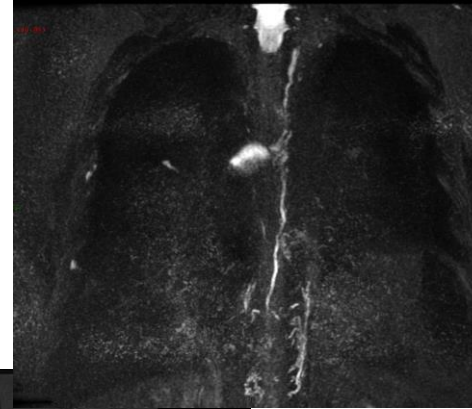
Genital lymphoedema: excision plus  
lymphnode transfer

# Place for lymphovenous anastomosis

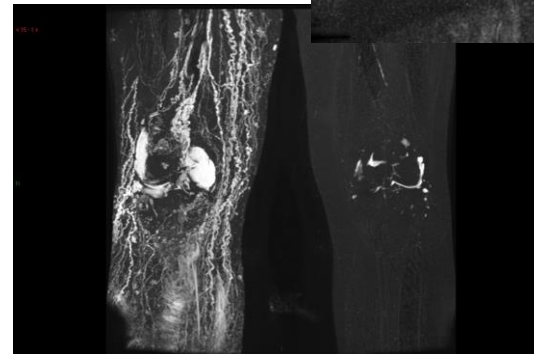
- Hypoplastic cases
- Hypotrophy of the thoracic channels
- lymphoangiodysplasia

# LV bypass indicated in

- Thoracic channel syndrome



- hyperplasia



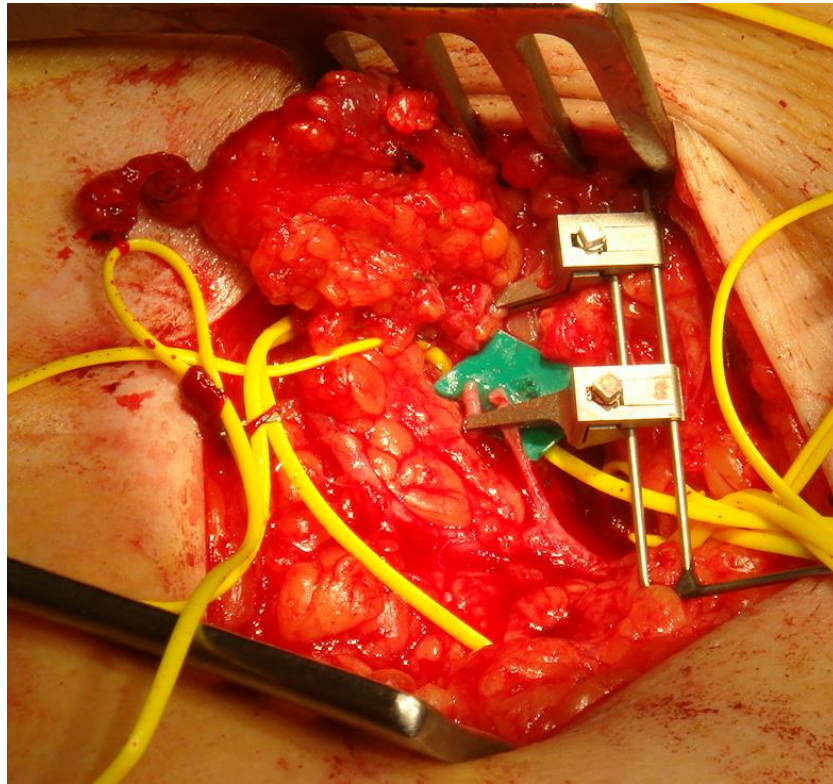
- Local effusions with some lymphatic vessels





# COMBINATION OF LYMPHNODES TRANSPLANTATION AND DISTAL LV ANASTOMOSIS

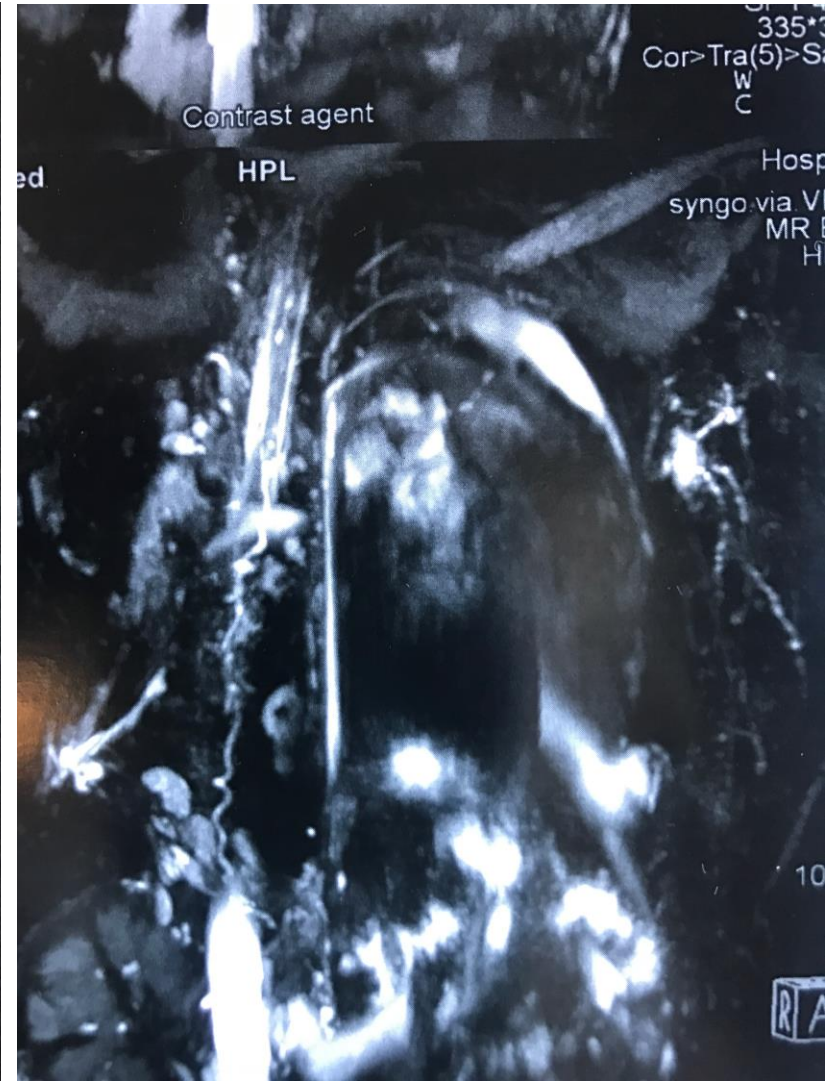
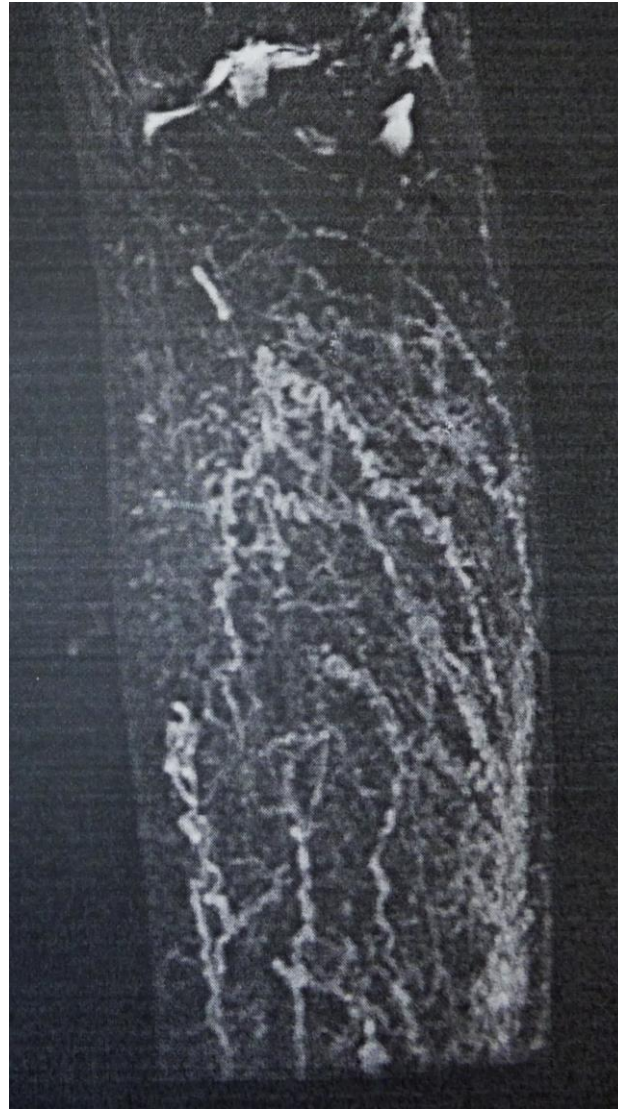
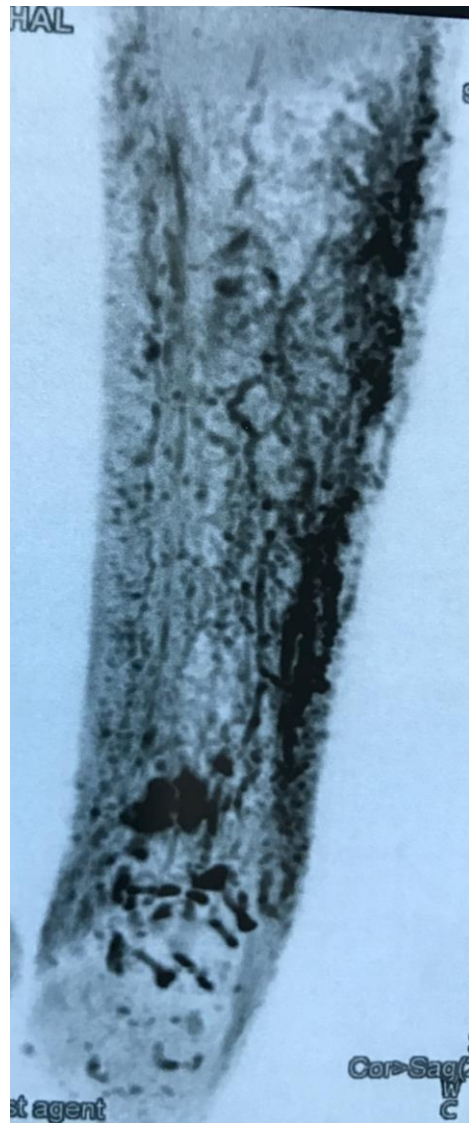
- SEEMS TO BE PROMISING WHEN LYMPHATIC VESSELS NOT FIBROTIC. LOCAL EFFECTS



LV anastomosis can work in hyperplastic cases



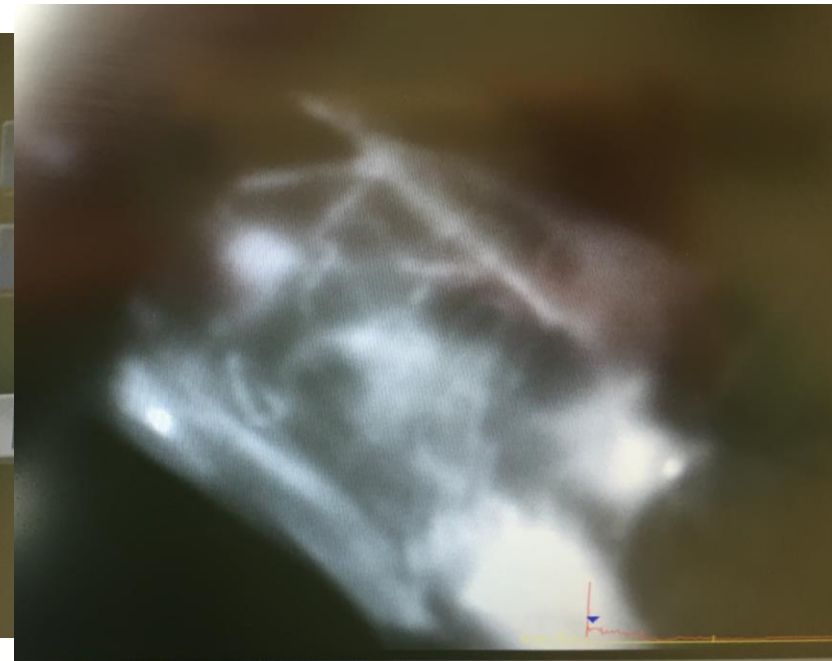
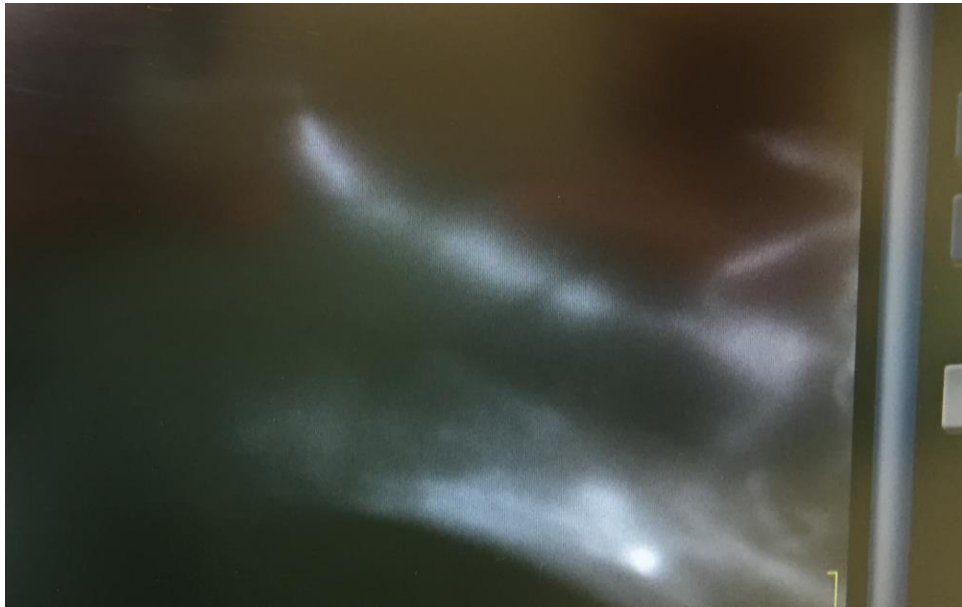
# PRE AND 6 M POST OP LV



# ***Dynamic evaluation:***

***fluoroscopy***

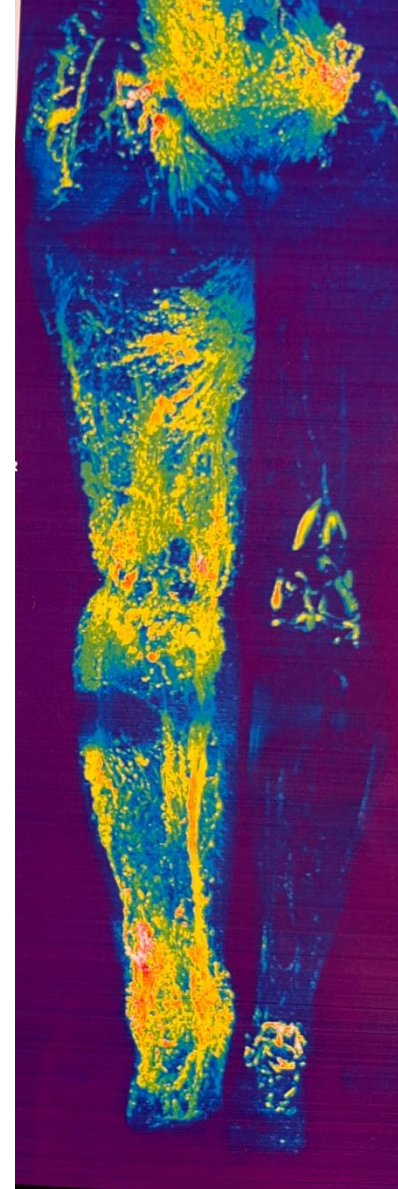
**can show the lymphatic vessels but  
superficial network only (laser limits)**



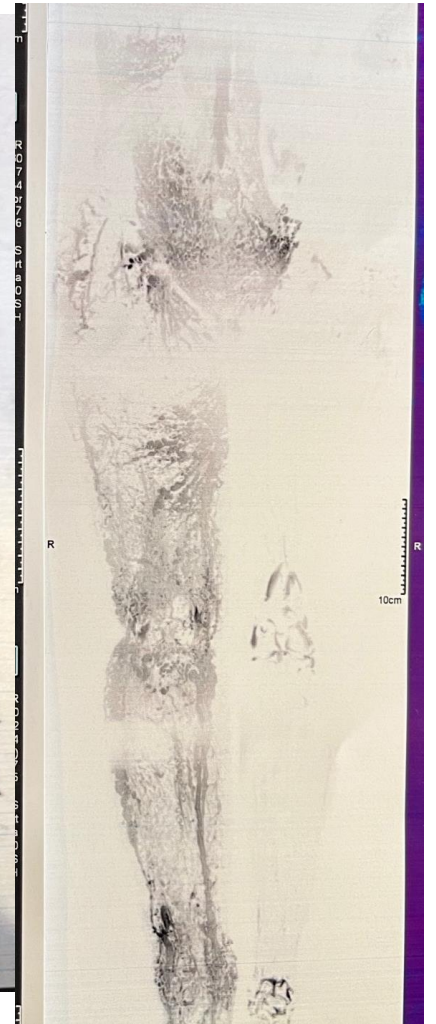
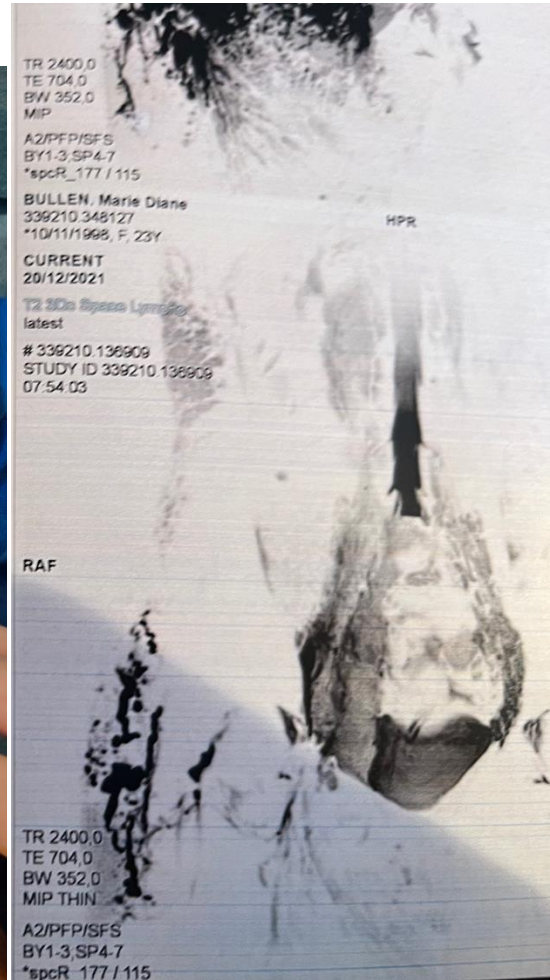
# Used mostly. distally

- If the lymphatic vessels are present
- If they have a good quality
- If not too fibrotic
- In not too advanced cases
- Local effect: so many are mandatory

# dysplasia



# lymphangiodysplasia fluoroscopy, lymphovenous anastomosis plus lymphnode transfer in the lymphangioma



# CONCLUSION

- TRUE STRATEGY
- COMBINATION OF ALL THE TECHNIQUES ARE IMPORTANT , BUT REGARDING THE IRML AND THE FAT DEPOSITS
- IMPROVED BY THE ADVANCES IN IMAGING AND MICROSCOPE
- AND NEW GROWTH FACTORS (RGTA) (CACIPLIQ) SEEMS BOOST THE RESULTS
- THANK YOU

