

MEETING ABSTRACT

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Obesity and lymphedema in geriatrics: combined therapeutical approaches

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Background

Obesity combined with lymphedema, especially in geriatrics, is more than the sum of the two diseases [1] because it causes the diaphragm to be above its normal position, impairing its movement. As a consequence, a fundamental mechanism that supports lymph flow is significantly decreased. Obesity associated with lymphedema represents a cause of a highly invalidating condition. The purpose of this preliminary report is to propose a system of treatment, assessing the efficacy of a combined approach of lymphostatic disease in obese geriatric patients.

Materials and methods

A group of 6 geriatric patients affected by obesity (BMI>35) and lower limb lymphedema (II to III stage) had been enrolled in this preliminary study. Patients underwent a protocol of treatment of lymphedema by Complete Decongestive Therapy (CDT) according to Földi's method. Patients had been under observation for six-twelve months. They were evaluated during this period of follow-up at 1-3-6 and 12 months. After 12 months those patients who were not significantly responsive to non-operative methods, without any important regression of previous lymphedema staging, had a lymphangioscintigraphy performed in order to evaluate a right indication to lymphatic-venous microsurgical anastomoses [2].

Results

Two patients showed a significant reduction (>50% in comparison to previous volumetry) of lower limbs affected by lymphstasis after CDT procedures, with a high level of patient satisfaction. Four patients, on the guide of lymphangioscintigraphy showing a relevant

impairment of lymph transport capacity index of lower limbs, underwent Derivative Lymphatic-Venous Bypass microsurgical procedure (LVA), performing a simultaneous operation at both groin sites (Figure1 and 2). Clinical and lymphoscintigraphic post-operative follow-up (evaluated at 3-5 years after surgery) showed a long-lasting improvement, with a marked edema and volumetric reduction maintained by a proper lifestyle, remedial exercise, elastic stockings and periodical CDT procedures.

Conclusions

Considering the high incidence of obesity and the not-unfrequent association with lower limb lymphedema, the method proposed of a combined approach in geriatric patients can represent an effective and long-lasting therapeutic solution.

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References

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Before



Figure 1 Obesity and lymphedema: an example of successful outcome of the combined therapeutical non-operative and microsurgical approaches.

After



Figure 2 Obesity and lymphedema: an example of successful outcome of the combined therapeutical non-operative and microsurgical approaches, after.