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presentation: Invited speaker

resfield: Lymphatics charcounter: 40

Lymphoedema post-mastectomy: primary prevention

abstract: In the "PianetaLinfedema" study center we focused our attention on sub-clincal stage which includes 151 patients (115 lymphoadenectomy - 36 sentinel lymphoadenectomy), without clinical evidence of oedema. Patient evaluation has led to a clinical report including the results of lymphoscintigraphy which allows us to analyze anatomical-functional features of the lymphatic system in the homolateral arm, and identify patients at risk of oedema onset, who present slower radiotracer flow which might not otherwise be identified, and include them in early treatment.

In 55% of the patients who had undergone lymphoadenectomy, lymphoscintigraphy had highlighted homolateral slower radiotracer flow in 78% of the cases (also contralateral in 38% of the cases).

In 67% of the patients who had undergone sentinel lymphoadenectomy lymphoscintigraphy had highlighted a homolateral slower radiotracer flow

in 55% of the cases (also contralateral in 40% of the cases).

In the case of no lymphoscintigrapy or no slower radiotracer flow only follow-up was requested, while in slower radiotracer flow patients have been included in the early treatment. In both cases patients were informed on preventive measures through individual setting.

In lymphoadenectomy, we have observed lymphoedema onset in 18% of patients (72% had undergone lymphoscintigraphy: 7% normal exame - 93% with slower radiotracer flow) always secondary to accidental or whatever avoidable event in previously informed patients.

In sentinel lymphoadenectomy we observed lymphoedema onset, always secondary to accidental event, in 11% of patients (50% had undergone lymphoscintigraphy: all with slower radiotracer flow).

This study underlines the necessity to attain the complete compliance of the patients, who have to interpret the preventive measures, particularly highlighted in the case of slower radiotracer flow, only as a fundamental behavioural strategy in primary prevention.

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