

[Does administration of fibrin glue prevent development of lymphoceles after radical lymphadenectomy?]. [German]

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Abstract:

Surgical approaches to the groin and axilla, almost radical lymph node dissections (RLND) are followed frequently by lymphocysts. In a prospective randomized study of 30 inguinal or axillary RLND we used at half of the cases 1 ml of the two-component fibrin glue (Tissucol), applied as a spray to seal the wound at the end of the operation. At 27 patients not only a prophylactic RLND but a selective hyperthermic cytostatic perfusion of the extremity was performed because of a locally advanced malignant tumor. There was no difference between the two groups of patients in age, diagnosis, surgical technique, and follow-up. In two cases of the fibrin glue (FG)-group and in 4 cases of the control group a second intervention because of a local wound healing problem had to be performed. The mean amount of postoperative drainage fluid was 1065 +/- 822 ml at the FG-group and 1332 +/- 1093 ml at the control group. Also postoperative drainage time (9 vs. 12 days) and postoperative hospital stay (18 vs. 22 days) were shorter at the FG-group, however, without statistical significance. 11 of 14 patients of the FG-group and 10 of 14 patients of the control group had normal scars after lymphadenectomy without signs of lymphocysts at the clinical follow-up. At our high risk patients (very high amount of postoperative drainage fluid in comparison to other series) prophylactic fibrin glue sealing after RLND could not prevent lymphocysts and lymphatic fistulae.