

Fibrin application for preventing lymphocysts after retroperitoneal lymphadenectomy in patients with gynecologic malignancies.

Authors: Scholz H.S., Petru E., Benedicic C., Haas J., Tamussino K., Winter R.

Publication Date: 2002

Abstract:

Objective. We performed a randomized, prospective trial to assess the impact of fibrin glue on the incidence of lymphocysts after systematic pelvic or pelvic and paraaortic lymphadenectomy in patients with gynecologic malignancies. **Methods.** Ninety-three consecutive patients with gynecologic pelvic malignancies who underwent surgery including pelvic or pelvic and paraaortic lymphadenectomy were randomized during surgery to be treated with fibrin glue or not. Serial computed tomography (CT) scans were performed during follow-up. CT findings of a smooth and thin-walled cavity filled with a water-equivalent fluid, sharply demarcated from its surroundings and without signs of infiltration were interpreted as lymphocysts. **Results.** Forty-seven patients (51%) were treated with fibrin glue and 46 (49%) were not. All 93 patients underwent pelvic lymphadenectomy; 15 patients (32%) of the fibrin group and 12 (26%) of the controls also underwent paraaortic lymphadenectomy. We found no significant differences between patients who received fibrin glue and those who did not. **Conclusion.** Intraoperative application of fibrin glue did not reduce the rate of postoperative lymphocysts after lymphadenectomy and had no impact on any follow-up parameter. Its use seems not to be indicated in systematic gynecologic pelvic or pelvic and paraaortic lymphadenectomy. © 2001 Elsevier Science.