

Fibrin glue does not reduce lymphorrhoea after axillary lymph node dissection. [French]

Authors: Vaxman F., Kolbe R., Stricher F., Boullenois J.N., Volkmar P., Gros D., Grenier J.F.

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Abstract:

The aim of this prospective and randomized study, was to demonstrate the benefit by using fibrin glue after axillary lymph node dissection. From January 1990 to January 1991, forty females were randomized before surgery for breast cancer: 20 patients of the group A underwent additional application of fibrin glue (5 ml containing 500 IU of thrombin) by spray only in the area of axillary dissection, while the 20 patients of group B acted as the control group. The two groups were compared for age, number of nodes removed and involved, drainage volume and duration and complications. Student's t test. Mann and Whitney non parametric test and χ^2 were used when appropriate for statistical analysis. The two groups were well balanced for age, number of nodes removed and involved, staging and histologic findings. The average volume of lymphorrhoea in the lymph node dissection area was greater after use of fibrin glue (410.4 ml) than in controls (275.5 ml, $p = 0.016$). No difference was noted between the two groups for the volume of drainage of the mastectomy or lumpectomy site or, for the total volume of drainage. Drainage durations as well as hospital stay were similar. Six complications occurred in group A, and one in group B ($p = 0.037$). This prospective and randomized study shows that fibrin glue does not improve the postoperative period after axillary lymph node dissection, as it could be expected; application of fibrin glue seems to be followed by more complications than in controls, which could be explained by the proteolytic activity of lymph, the use of quick-acting fibrin sealant and the formation of two fibrin films in the armpit before the end of the surgical procedure.