

 **Access Figure 8.23, as well as case example 8.2 online at <http://expertconsult.inkling.com>**

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CASE 8.2 Upper Extremity Lymphedema Following Mastectomy Treated with Lymphaticovenular Anastomoses

A 52-year-old woman with a grade II secondary lymphedema after left breast cancer treatment (modified radical mastectomy + radiotherapy) in 2003. The lymphedema started in January 2006 with proximal development. ICG and lymph-MRI assessments

showed that only lymphatic channels below the elbow were active. We did three LVAs in February 2011 and 4 years later, she has a significant and stable improvement without any compression garment on the forearm lymphedema (2–3 cm less).

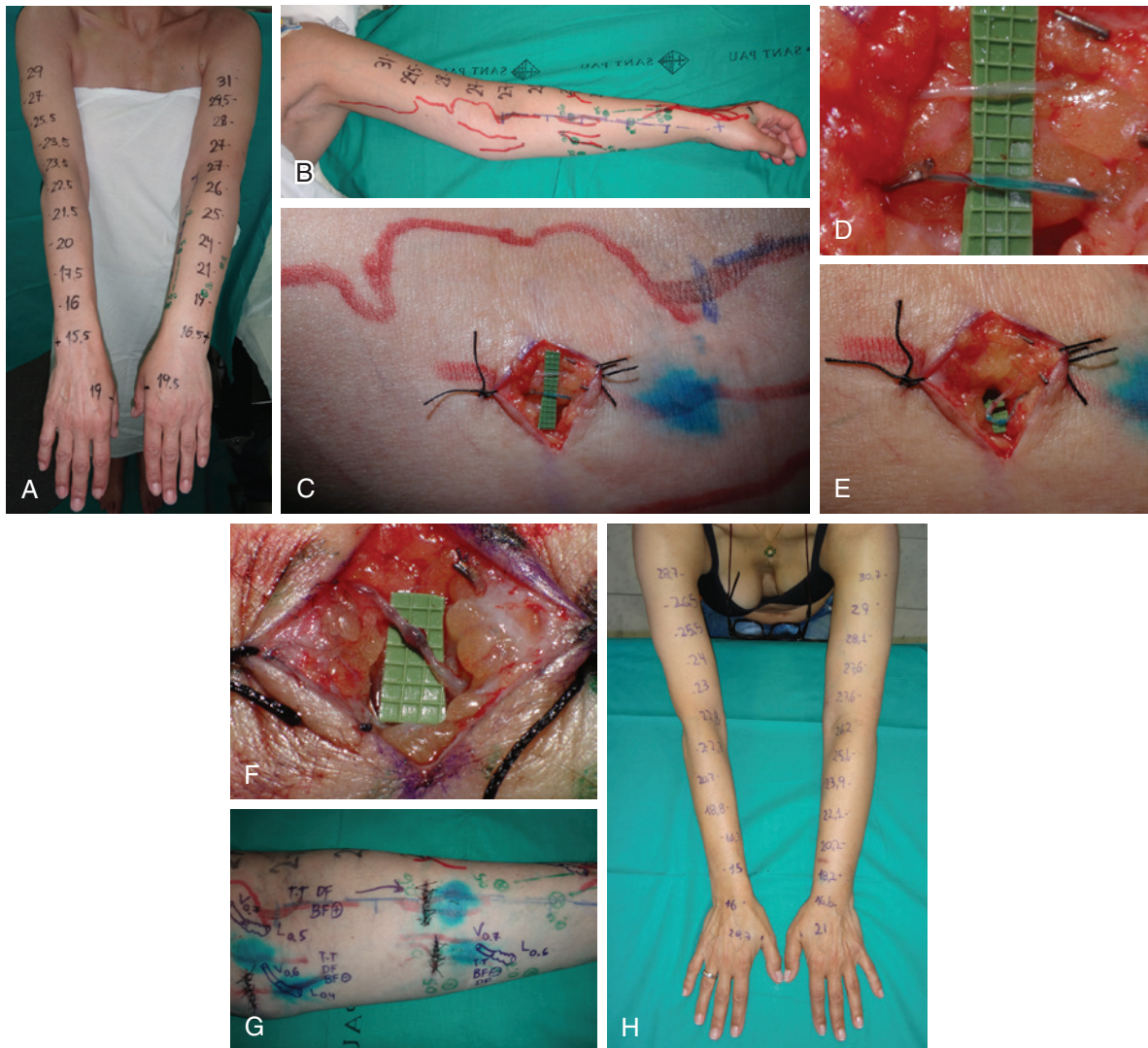


Figure 8.23 Upper extremity lymphedema following mastectomy treated with lymphaticovenular anastomoses. (A) Preoperative measurements (after 12 weeks of decongestive lymphatic therapy). (B) Preoperative lymphatic mapping (red lines: lymph-MRI information; green lines: ICG preoperative assessment). (C) Skin incision approach (1.5 cm) with a lymphatic channel and a subdermal venula dissected. (D) Lymphatic channel (inferior) full with Blue Patent V dye and subdermal venula (superior). (E) Lymphovenous anastomosis with 11/0 suture. (F) Lymphovenous anastomosis after 5' of distal massage with lymph transfer to the venous system. (G) Immediate postoperative drawings showing the type of LVAs. (H) At a 4-year follow-up, showing a significant stable reduction of the perimeter at the forearm level.