

Effects of Lymphaticovenular Anastomosis in Contralateral Leg of Acquired Bilateral Leg Lymphedema Patients

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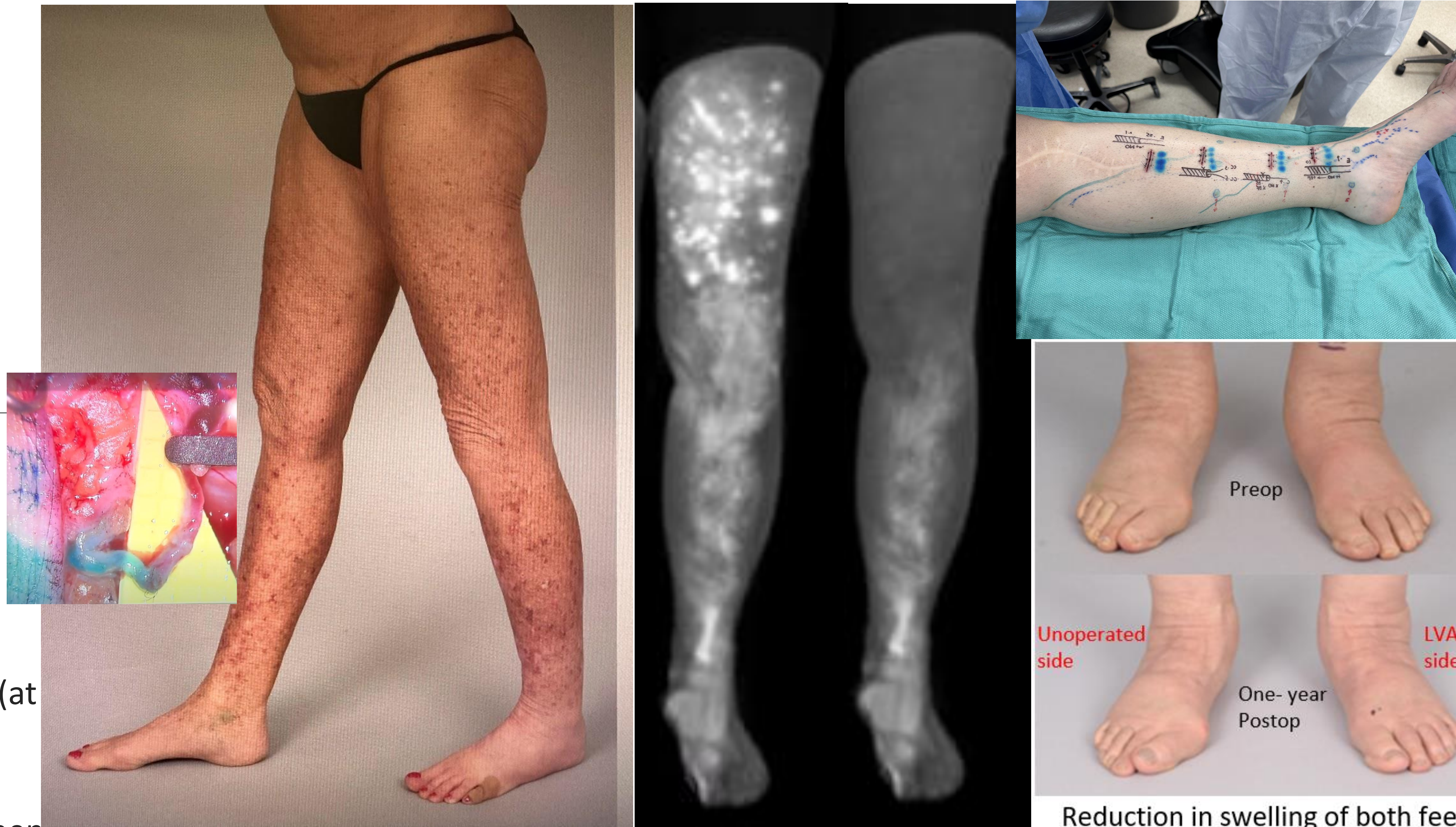
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Background

- When LVA is performed in one leg in bilateral leg lymphedema, improvement is conventionally expected only in the treated leg.

Methods

- Charts of all patients with acquired bilateral leg lymphedema who underwent LVA in one leg between February 2020 and March 2022 were studied.
- Baseline and postoperative outcomes (at 3, 6, 12 months, and annually) were assessed with patient history, clinical examination, and with indocyanine green (ICG) lymphography in both legs.
- All patients were optimized on compression therapy preoperatively



Conclusion

The benefit of LVA extends beyond the anatomic region in which it is established.

Results

- Ten patients (7 females, 3 males) were included.
- All patients had ICG lymphography confirmed lymphatic dysfunction in both legs (n=20), of which 5 patients (50%) were asymptomatic in the contralateral leg.

Mean follow-up was 11.3 months.

Following LVA in one leg, relief of symptoms, reduction in swelling and improved ICG lymphography seen in all symptomatic ipsilateral (10/10) and contralateral legs (5/5).

- Favorable ICG lymphography changes were also seen in all the asymptomatic contralateral legs (5/5).

Reduction in swelling of both feet