

The Vascularized Omentum Lymph Node Transfer - A Key Point in the Lymphedema Management

Anca Bordianu^{1,2}, Ion Petre³, Anca Bobircă^{2,4}, Florin Bobircă^{2,5}

¹Department of Plastic Surgery and Reconstructive Microsurgery, Bagdasar-Arseni Emergency Hospital Bucharest, 041915, Romania

²Carol Davila University of Medicine and Pharmacy Bucharest, 020021, Romania

³Department of Functional Sciences, Medical Informatics and Biostatistics Discipline, Victor Babes University of Medicine and Pharmacy, 300041 Timisoara, Romania

⁴Department of Rheumatology & Internal Medicine, Dr I Cantacuzino Clinical Hospital, Bucharest 030167, Romania

⁵Department of General Surgery, Dr I Cantacuzino Clinical Hospital, 030167, Bucharest, Romania

Abstract

Background: As an increased number of women beat breast cancer worldwide, the breast cancer related lymphedema has gained more attention recently. The vascularized omentum lymph node transfer has been approached as an useful tool for advanced and recurrent cases. The purpose of the paper is to emphasize the advantages and disadvantages of this method.

Materials and Methods: This retrospective study consists of 17 patients known with breast cancer related lymphedema who received vascularized omentum lymph node transfer. Data was recorded between January 2022 and January 2023. Patients diagnosed with secondary lymphedema stage II or III, unresponsive to previous microsurgical lymphovenous bypass were included.

Results: The most prevalent affected site was the left upper limb (59%), where edema was mainly identified in the forearm (75%). Nevertheless, more than half of the subjects have previously received lymphaticovenous anastomosis. The correlation between the stage of lymphedema and the postoperative reduction of the volume of the affected limb was -0.26, the slope to reached -0.33, with an intercept value of 2.64. The follow-up period showed reduced upper limb volume and an improved quality of life.

Conclusion: Through an experienced hand, this versatile flap brings hope to breast cancer survivors with lymphedema.

Key words: lymphedema, lymphovenous bypass, vascularized lymph node transfer, omentum flap, microsurgery