

Lymphedema and Wound Healing

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ABSTRACT

Lymphemea is an accumulation of protein rich fluid in interstitial tissue. It is one the most common problem which may sometimes present primary or hereditary due to insufficiency or lack of lymph nodes or lymph vessels. The most common form of lymphedema occurs secondary to surgery or injuries to lymph pathways.

Swollen tissue are prone to cutaneous lesions due to impaired blood circulation or stasis of harmful substances. The incidence of different lesions such as lymph cysts, bacterial or fungal infections, dermatitis and papilloma are common in chronic lymphedema. In these cases, the first and best step is preventive cares. Proper Antibiotics, antifungals or anti-inflammatory drugs should be prescribed as soon as possible to control the lesions. Most of these lesions can disturb the superficial lymph vessels drainage and exacerbate the lymphedema. In most situations, combination of local treatment of cutaneous lesions and complete Decongestive Therapy (CDT) have fantastic results. In the case of extensive and serious infective lesions, it is better to postpone the lymphedema treatment and bandaging up to complete remission of infection.

One of the most important clinical observations is inducing edema secondary to vascular lesions, metabolic diseases or local trauma. In these situations, ulcer obstructs lymph flow and aggravate edema. Edema causes insufficient blood supply and healing delay. In this instances, it is suggested to decongest the organ by CDT accompanied by local treatment of ulcer. In CDT, manual lymph drainage at the border of ulcer, low stretch multilayer bandaging and rehabilitation exercises are applied by an expert lymphotherapist. It seems that team working of dermatologists and lymphotherapists can provide the most effective treatment results in these patients.