

# **Vascularized Lymph Node Transfer (VLNT) - Conquering Divine Madness**

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## **INTRODUCTION**

Secondary lymphoedema remains a clinical challenge. When conservative treatments are of no more benefit, physiologically based surgery is widely used. Vascularized lymph node transfers has been shown to successfully reduce upper and lower extremity circumference with improved health related quality of life.

## **MATERIAL AND METHODS**

Six patients underwent a free vascularized groin lymph node transfer for secondary lymphedema. Three patients developed lymphoedema secondary to axillary nodal clearance (ANC) for breast cancer, one for ANC for non-Hodgkins lymphoma, one for ANC for melanoma and one patient who developed lymphoedema of the lower leg due to pelvic surgery and chronic venous insufficiency. The mean age was 50.7 years. Vascularized groin lymph nodes nourished by the superficial circumflex iliac vessels were harvested, transferred to the distal aspect of the affected limb and anastomosed to the recipient vessels. Pre- and postoperative limb circumference, incidence of cellulitis, complications and the Lymphoedema Quality of Life Tool (LYMQoL) was assessed.

## **RESULTS**

All flaps survived, no flaps required re-exploration and the mean hospital stay was 5 days. No donor site morbidity was encountered and one patient had a small area of dehiscence at the recipient site, which was treated conservatively. The mean follow-up was 6.17 months (Range = 4-14) with a mean circumference reduction rate of 5,7% (Range = 1,3 – 11,3%). No episodes of cellulitis were reported post-operatively. Statistically significant improvement ( $p < 0.05$ ) was observed in all components (Function; Appearance; Symptoms; Mood) of the LYMQoL tool, with an Overall improvement of 33,3% ( $p = 0.031$ ).

## **CONCLUSIONS**

Vascularized groin lymph node transfer is a reliable and safe procedure that significantly improves longstanding secondary lymphoedema.