Gynaecological Oncology News

Prof. Andreas Obermair **August 2007**

Lymphoedema of lower limbs

Results of a survey of gynaecological cancer survivors

Lower limb Lymphoedema (LLL) develops in 1 or 2 of 10 patients after lymph node dissection for pelvic cancers. Gynaecological cancers may spread into lymph nodes along the large iliac and aortic vessels. While half of cancerous lymph nodes are enlarged, positive nodes need not necessarily be enlarged. These nodes are called microscopic positive nodes. To identify them is essential as cancer spread indicates the need of further treatment.

The first signs of LLL often is swelling, which typically begins distally and the feeling that the limb feels heavy. It can start unilaterally or bilaterally. Differential diagnoses include primary lymphoedema (malformation of lymphatic vessels) or venous insufficiency (arrange for Doppler ultrasound).

802 Queensland women who survived gynaecological cancer participated in a survey determining the prevalence of Lower Limb Lymphoedema (LLL) after gynaecological cancer treatment (Beesley et al: Cancer 2007;109:2607-14).

25% of gynaecological cancer survivors reported swelling of their legs but only 10% of women were actually diagnosed with LLL. The prevalence of LLL was different across cancer types.

- Vulval cancer survivors experienced the highest risk of LLL. One in three patients had LLL, which is very unfortunate.
- Cervical cancer survivors had a 3.5-fold higher odds of developing LLL if they required postoperative radiotherapy and a 3.3-fold higher odds of LLL if they had a lymph node dissection performed at surgery.
- Uterine cancer survivors who had lymph nodes removed and who were overweight or obese had a significantly higher chance of developing LLL than patients who did not require a node dissection or patients who were normal weight.
- Ovarian cancer survivors had the lowest risk of LLL (5%) regardless of whether lymph nodes were removed at surgery and the patients' body weight.

These data are the first of its kind to determine the prevalence of LLL amongst gynaecological cancer patients.

The diagnosis of LLL was made in the first year from treatment in 75% of patients and another 19% were diagnosed the following year.

Treatment of LLL - General skin care will reduce risk of infection, elevation of legs reduces swelling, physiotherapy and manual lymph drainage, external pneumatic compression can be helpful in some patients. Once LLL is reduced compression stockings should be applied. Antibiotics should be given at the first sign of infection. Drugs (e.g. diuretics) are of no proven benefit

Current practice in gynaecological cancer is to

1. limit lymph node dissections to the absolute minimum without sacrificing the patient's safety and prognosis;
2. if first signs of LLL develop, I recommend early referral to an experienced physiotherapist for lymph drainage.

My research group will conduct a prospective study on the incidence and severity of LLL, its risk factors and its burden on pain, quality of life, and wellbeing. The study also will clarify the role of surgery in the development of LLL by comparing patients who had a lymph node dissection and those who did not have their lymph nodes removed at surgery. Funding for this study is pending.

Expectations of Follow-up

Expectations differ between patients and health professionals

Follow-up is offered to all women after gynaecological cancer treatment. A project compared patients' and professionals' views of follow-up (Kew et al.: Int J Gynecol Cancer 2007,17: 557-60).

Patients thought that the detection of recurrence was the most important reason for post-treatment surveillance, whereas professionals regarded addressing patients' concerns as the primary reason for follow-up.

"Patients want examinations – Professionals considered the consultation most important"

In gynaecological oncology we see patients every 3 months after completion of initial treatment for 2 to 3 years (depending on prognostic factors) and every 6 months until 5 years from treatment. Then, I offer discharge from follow-up but patients still should be seen once a year locally.

Please contact me if I can answer questions about this or any other topics raised or if you require advice about a patient.

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