

NEW CLINICAL AND LABORATORY STAGING SYSTEMS TO IMPROVE MANAGEMENT OF CHRONIC LYMPHEDEMA

B.B. Lee, J.J. Bergan

Department of Surgery (BBL), Uniformed Services University of the Health Sciences, Bethesda, MD, and Department of Surgery (JJB), University of California, San Diego, CA, USA and Lymphedema Clinic, Samsung Medical Center, Seoul, Korea

ABSTRACT

We have developed new clinical (C) and laboratory (L) staging systems to improve the clinical management of chronic lymphedema. These systems were retrospectively assessed in 220 chronic lymphedema patients followed up for 4 years. Clinical evaluation of the treatment response/disease progression was performed at 6 month intervals and laboratory evaluation at a yearly interval except for recurrent sepsis cases. The reliability of C-stage and L-stage for the progression of disease were analyzed separately. The C-staging was based on the subjective and objective findings of local and systemic conditions, while L-staging was based on lymphoscintigraphic findings. Clinical implementation of this new staging system facilitated interpretation of the progress/deterioration of the clinical response to CDT treatment, and it was found to be a useful guideline for the decision/selection of further surgical treatment. We propose that these two separate staging systems could now become a new guideline for improved management of lymphedema with a better prediction of treatment outcome and decision point for additional medical/surgical therapy. Further clinical implementation and evaluation is necessary to demonstrate clinical usefulness especially to guide surgical therapy and L-staging in followup.