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Triple Surgical Teams Approach: Right Gastroepiploic Lymph Nodes Transfer for Treatment of Primary Lymphedema Affected both Lower Extremities (Vajira-Lymphatic Team)
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Background: To report benefits and results of right gastroepiploic lymph nodes for treatment of primary lymphedema both lower extremities by triple surgical teams; two microsurgery teams and a laparoscopic flap-harvesting team approach in Vajira hospital, Bangkok, Thailand.

Methods: A 40-year-old female patient was suffered with primary lymphedema both lower extremities. Lymphatic scan operated before and after treatment. During laparoscopic team performed harvesting flap using 4 laparoscopic ports; two microsurgery teams dissected posterior tibial vessels under microscopic assisted simultaneously; the flap were separated into 2 pieces for each anastomosis. The microsurgical teams accomplished vascular anastomosis at both ankles at the same time; STSG was harvested for flaps coverage.

Results: The right gastroepiploic lymph nodes transfer for treatment of primary lymphedema both lower extremities was successfully without complications. Patient’s preoperative circumference at 10 cm-above knees; knees level; 10 cm-below knees and mid-dorsum of feet were 63, 59, 57, 26 cm (right); 65.5, 58, 53, 25.5 (left), respectively. Patient’s one-year postoperative circumference at 10 cm-above knees; knees level; 10 cm-below knees and mid-dorsum of feet were 64, 58, 54, 26.5 (right) cm; 62, 55.5, 50.5, 25 (left), respectively. No lymphangitis found post operatively. Preoperative lymphatic scan revealed poor lymphatic vessels along both lower extremities, poorly found lymph node in bilateral groins. Lymphatic scan at one year post operation shown significantly improvement of lymphatic drainage from ankles upto inguinal regions.

Conclusions: Separating right gastroepiploic lymph nodes flap into 2 pieces were not disturbed lymph node function of vascularized lymph node transfer. Right gastroepiploic lymph nodes for treatment of primary lymphedema.