

***SUMMARY
AND
CONCLUSION***

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Lymphedema is a common and serious complication after radical mastectomy. It's believed that it is the most distressing and unpleasant for the patient and particularly frustrating for the surgeons.

The incidence varies from study to other. However, some surgeons reported a high incidence which may reach 62.5%, and it was found that the incidence was increased with longer period of follow-up. The aetiology of postmastectomy lymphedema is a complex, and is not fully understood. It may be due to excessive extirpation or destruction of lymph nodes and lymphatic collectors in the axilla; and inability of this lymphatic collectors to regenerate, leading to reduction in lymph transport capacity, and hence the development of lymphedema.

It was found that recurrent attacks of infections play a major role in the production and exaggeration of lymphedema. Also, the incidence, of lymphedema is increased, which may reach 47.5% if radical mastectomy is accompanied with radiotherapy either pre- or postoperatively. Other factors such as, obesity, age of the patients, and hypertension may play a role in pathogenesis of postmastectomy lymphedema. Recently, it was found that, the underlying lymphatic abnormalities and inadequate lymphatic collaterals, which may be present before radical mastectomy, is the predisposing factor for the development of lymphedema postoperatively.

The complications of lymphedema after radical mastectomy varies from recurrent attacks of cellulitis to lymphangiosarcoma,

which is a rare but lethal complication. Diagnosis of lymphedema is supported by clinical finding of swollen extremity, volume displacements and circumferential measurements. The level of obstruction can be identified by lymphangiography or by radioisotopic scanning. Once lymphedema is established it is never eradicated, so, the best method of its treatment is to prevent its occurrence, several factors which may be helpful in prevention of lymphedema, this factors may be related to patients, surgery, or radiotherapy.

The patients are adviced to avoid minimal injuries of the affected limbs. The factors related to surgery and wound care include avoidance of wound infections, and post-operative seroma formation. Radiotherapy should not be accompanied with complete surgical dissection of the axilla. It is believed that the treatment of lymphedema is mainly conservative. The conservative treatment can be divided into two main categories; pharmacological, and mechanical or physical.

The surgical management of postmastectomy lymphedema is limited, and can be divided into two main categories; the excisional and the drainage operations.

Finally.. five main important points should be kept in mind :

- ① Lymphedema after radical mastectomy is a permanent, non curable problem, once it is established it is never eradicated.
- ② The combination of radical mastectomy and radiotherapy increase the incidence.
- ③ The infections play a major role in the etiology.

- ④ The treatment of this problem is mainly conservative.
- ⑤ No surgical operation can cure lymphedema, and recurrence is the role after all surgical procedures.

Recommendations :

We recommend further study on lymphedema after mastectomy and its relation to various etiological factors, and try to reach a satisfactory protocol in its treatment. Also, we recommend further co-operation between surgeons, radiologists, and physiotherapists in facing this major problem.