LYMPHOEDEMA **MEDICAL APPENDIX**

DEFINITION

1. The term **lymphoedema** refers to oedema (collection of fluid in the extra-cellular, extra-vascular compartments) from the accumulation of lymph secondary to obstruction to its flow.

CLINICAL MANIFESTATIONS

2. Lymphoedema usually begins gradually with painless swelling of the involved limb, the swelling being soft and pitting. It subsides at night. In time, the skin becomes thickened and fibrosed and possibly pigmented. It cannot be raised into a fold, the oedema becoming more persistent. The skin is susceptible to bacterial infection.

3. The lower extremities are involved most often and the swelling may be unilateral or bilateral.

AETIOLOGY

4. Lymphoedema may be a primary condition or it may be secondary to other disease or trauma.

5. **Primary lymphoedema** is a congenital condition and is more common in women, most cases being manifest at birth or becoming apparent before the age of 40. The most frequent type is simple congenital lymphoedema which is present at birth. A congenital familial form (Milroy's disease) is inherited as an autosomal dominant trait. Lymphoedema praecox becomes manifest in puberty and is associated with congenital hypoplasia of the lymphatics. A late form, known as lymphoedema tarda, becomes manifest in middle age.

6. **Secondary lymphoedema** results from any condition causing obstruction of or damage to the lymphatics. This occurs most commonly from trauma. It also results from surgical removal of lymph nodes or from fibrosis secondary to irradiation. In the tropics it may be caused by filarial infestation. It may result from chronic lymphangitis following recurrent infection. The aetiology is that of the underlying condition.

CONCLUSION

7. **Lymphoedema** is a condition in which there is oedema from the accumulation of lymph secondary to obstruction to its flow. The condition may be primary, the aetiology then being congenital, or secondary, in which case the aetiology is that of the underlying condition.

REFERENCES

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