



Lymphatic ascites after retroperitoneal lymphadenectomy in gynecologic cancer



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ABSTRACT

Objectives: The incidence, diagnosis, treatment and outcome of lymphatic ascites (LA) are studied on 85 consecutive patients with gynecologic cancer who had undergone pelvic and/or para-aortic lymphadenectomy by means of laparotomy or laparoscopy.

Methods: Patients were distributed in two groups depending in the access: Laparoscopy (study group: 44 patients) and laparotomy (control group: 41 patients). All surgical parameters were collected and patients underwent ultrasound examination on postoperative days 7, 14, and 28. The main outcome measure was the development of symptomatic or asymptomatic LA.

Design: Prospective cohort study.

Results: LA developed in 3 patients (6.8%) in the study group and 9 in the control group (22%), with statistical difference ($p < 0.05$). The relative risk to develop lymphatic ascites after surgery performed by laparotomy was 3.2 (95% CI 1.05–11.07). Mean nodes harvested during the surgery was 18.6 (SD 6.6) in the LA group and 20.4 (SD 9.1) in the group with no LA ($p = 0.527$).

Conclusions: The incidence of LA after retroperitoneal lymphadenectomy in gynecologic cancer patients is lower in the patients treated by laparoscopy.

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1. Introduction

Lymphatic ascites (LA) is the pathological accumulation of lymphatic fluid in the peritoneal cavity. This condition may occur due to congenital anomalies, tuberculosis, filariasis, trauma, cirrhosis, nephritic syndrome, or malignant diseases that occlude the retroperitoneal lymphatic drainage [1] or may be iatrogenic, after pelvic or abdominal radiotherapy or as a result of surgical lymphadenectomy [2].

Although not very high, there is an increase of published cases of LA cases after oncologic surgery [3,4]. The bibliography on the prevention of the LA is scant and up to our knowledge there are not prospective studies to determine it.

Many studies compared laparoscopic and open surgery for the

management of gynecological cancer; however, few authors focused on LA as the primary outcome of their study [5].

The aim of this study is to determine the incidence of LA, the presenting symptoms, the diagnosis and treatment in a series of patients scheduled for retroperitoneal lymphadenectomy for gynecological cancer, comparing the laparoscopic and the open routes.

2. Material and methods

A prospective cohort study was designed in 85 patients scheduled for pelvic lymphadenectomy, para-aortic lymphadenectomy or both, as part of the treatment of gynecologic malignancy, including endometrium, cervical, and early-stage ovarian carcinoma, in the Puerta de Hierro University Hospital between January 2010 and December 2013. Patients with advanced-stage ovarian carcinoma were excluded of the study because all of them underwent laparotomy.

The selection criteria were:

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Fig. 3. CT scan showing a large fluid collection in the pelvic cavity, suggesting lymphatic ascites.

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