

22ND INTERNATIONAL CONGRESS OF LYMPHOLOGY

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It was a great pleasure to attend the 22nd International Congress of Lymphology in Sydney, Australia. This was an excellent meeting organised by Neil Piller and his team and was attended by many from across the globe. The different professional groups were well represented and the meeting was further enhanced by a public meeting for patients on the Wednesday night.

The programme was busy and it was sometimes difficult to decide which session to attend because of the varied programme. The issue of accurate diagnosis and an international classification for lymphoedema was debated at length. This is vital if research studies are to be compared and treatments developed. Proposals for a system such as the venous CEAP classification was discussed. The elements of the CEAP classification include:

- » Clinical severity
- » Etiology or cause
- » Anatomy
- » Pathophysiology.

Linked to this proposal was a discussion about whether we will ever be able to claim that lymphoedema can be eliminated. Nicole Stout from the USA suggested that this was an unrealistic claim while damage to the lymphatics occurs due to trauma, disease or its treatment, and that it may be better to focus on risk reduction of those factors that could be modified.

The group from Sydney are researching some of the questions about risk with studies examining issues such as the risk of flying exacerbating lymphoedema. This work is suggesting that the risk is very low, if it exists at all. Other presentations considered whether there was any risk associated with exercise.

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Jacquelyne Todd cautioned the audience that exercise for shoulder mobilisation after breast cancer surgery should be delayed rather than begun immediately postoperatively, as her trial showed that the incidence of lymphoedema was greatest in those who undertook early exercises.

The meeting discussed the role of adipose tissue with particular reference to the role of specialised liposuction developed by Hakan Brorson from Sweden. Other authors confirmed that they were achieving similar results and Hakan demonstrated elegant studies that showed the potential role of increases in both adipose and muscle tissue in the lymphoedematous limb. A combined protocol of early micro-

surgery and later liposuction was proposed as a realistic way forward, although there are still those who remain to be convinced.

The importance of measuring outcomes such as health-related quality of life were discussed with the presentation of newly validated disease-specific tools. The impact of lymphoedema on children and families was presented by Isabelle Quéré from France. This study was undertaken in France and the UK. Common to both studies were delays in diagnosis, parental anxiety, poor professional knowledge and practice and the impact on children which became worse as they reached adolescence.

Development work in the field of genetics gives a possible cure on the horizon which gives hope to those thousands of patients with lymphoedema. New treatments carry the potential to grow new lymphatic vessels and nodes that can be transplanted. The meeting showed the progress that is being made of imaging the lymphatic system using combinations of technology such as magnetic resonance imaging (MRI) with lymphoscintigraphy.

Neil Piller encouraged the participants to increase collaboration between related specialities such as phlebology and vascular medicine in order to further our understanding of lymphoedema and all its sequelae (see the guest editorial in this issue, pp. 8–9).

We all returned determined to continue to develop lymphoedema as a speciality and to increase its prominence in the healthcare arena. JL