Lymphocele Development in the Thigh After Endovenous Treatment and Ambulatory Phlebectomy

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Nothing to Disclose
I have no relevant financial relationship(s) with any proprietary entity producing health care goods or services related to the content of my talk.

Case Report
- 45 year old Caucasian male who is known Factor V Leiden Heterozygote with a history of prior left iliac DVT 2009
- Underwent radiofrequency ablation of the left great saphenous vein (GSV) and ambulatory phlebectomy (>20 incisions)
- He experienced drainage and “puffiness” in the lateral mid-thigh for eight months after original treatment and underwent:
  - Evacuation of hematoma and seroma excision X 2
  - Attempted sclerotherapy
  - Treatment for cellulitis/No surrounding erythema on PE
  - Persistent cavity 4 cm x 1 cm x 1 cm

Post Treatment Duplex
- Chronic iliac, common femoral and femoral vein DVT
- Chronic SVT varicosities
- Reflux, common femoral, popliteal and perforating veins
- None on lateral thigh area
- Anticoagulation chronically
- Spontaneous closure after injection of radioisotope tracer (technetium sulfur colloid)

Cavity Injection – sentinel lymph node mapping

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Lymphoscintography

4.4 mCi technetium 99m filtered sulfur colloid injected into web spaces

Discussion

• Lymphocele development is known complication in many intra-and extrabdominal surgeries
• Duct disruption causes lymph leakage into a space confined by fibrotic wall
• Typically occurs in areas of dense lymphatics
• 4-7% are persistent¹

• Symptoms include pain, infection, swelling, thrombophlebitis
• There have been limited reports of mid-thigh lymphocele development in the literature after:
  — Trauma² ³
  — Open GSV harvest⁴
  — Lipoma excision⁵
  — Endovenous harvest⁶
  — Liposuction⁷
  — Ambulatory phlebectomy⁸ ⁹
• Lymphoscintigram can be useful diagnostic tool and at times therapeutic
• Therapeutic options include aspiration, use of sclerosing agents, or surgery

Conclusion

• Any procedure involving the disruption of lymphatic channels is at risk for lymphatic complication, including lymphocele
• Include lymphocele development in preoperative discussion as a possible complication
• Knowledge of lymphatic anatomy is imperative

• Recognition of lymphoceles is important due to necessity for unique treatment and follow up
• Compression garments after surgery may be helpful in the prevention of lymphocele
References


