Prise en charge thérapeutique en 2015

S. Vignes, M. Arrault
Unité de Lymphologie, Hôpital Cognacq-Jay, Paris

Fondation Cognacq-Jay

Centre de référence des maladies vasculaires rares

HAS
HAUTE AUTORITÉ DE SANTÉ

BON USAGE DES TECHNOLOGIES DE SANTÉ

http://www.has-sante.fr/portail/jcms

Lymphœdème du membre supérieur	
Phase de réduction du volume Au moins 5 jours par semaine pendant 1 à 6 semaines	• bandes sèches à allongement court ou inélastiques et dispositifs de capitonnage (manchon en deuxième intention) • utiliser la pression maximale tolérée
Phase de maintien Traitement au long cours avec réévaluation régulière du rapport bénéfices/risques	• manchon de 15 à 20, 20 à 36 ou > 36 mmHg (bandes sèches éventuellement*) • utiliser la pression maximale tolérée
Lymphœdème du membre inférieur	
Phase de réduction du volume Au moins 5 jours par semaine pendant 1 à 6 semaines	• bandes sèches à allongement court ou inélastiques et dispositifs de capitonnage (chaussettes, bas-cuisse, collants ou hémicollants, en deuxième intention) • utiliser la pression maximale tolérée
Phase de maintien Traitement au long cours avec réévaluation régulière du rapport bénéfices/risques	• chaussettes, bas-cuisse, collants ou hémicollants de 20 à 36 ou > 36 mmHg (bandes sèches éventuellement*) • utiliser la pression maximale tolérée : au moins 45 mmHg si possible (éventuellement par superposition)

Les bandes adhésives ou cohésives, les bandes enduites, les bandes sèches à allongement long (> 100 %) et les bandages multitypes commercialisés en kit **ne sont pas indiqués** dans le traitement du lymphœdème.

Randomized Trial of Decongestive Lymphatic Therapy for the Treatment of Lymphedema in Women With Breast Cancer

Ian S. Dayes, Tim J. Whelan, Jim A. Julian, Sameer Parpia, Kathleen I. Pritchard, David Paul D'Souza, Lyn Kligman, Donna Reise, Linda LeBlanc, Margaret L. McNeely, Lee Manchul, Jennifer Wiernikowski, and Mark N. Levine

J Clin Oncol 31. © 2013

Seule aussi efficace que PCD sur les « petits » lymphœdèmes < 1 an

Table 2. Excess Volume: Summary by Treatment

	CDT (n = 56)						Control (n = 39)								
	Baseline		6 Weeks		Reduction		Baseline		6 Weeks		Reduction		Treatment Effect Difference	95% CI	*P*
Volume	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD			
Unaffected arm, mL	2,672	640	2,594	664	78	286	2,642	651	2,562	666	80	299			
Affected arm, mL	3,422	838	3,094	769	328	480	3,266	781	3,043	785	223	403			
Excess volume, mL	750	451	500	360	−250	293	624	293	481	297	−143	169	107	13 to 203	.03*†
Excess volume, %	29	18	20	15	29.0	38.6	24	12	19	12	22.6	26.0	6.4	−6.8 to 20.5	.34‡

Abbreviations: CDT, complex decongestive therapy; SD, standard deviation.
*Stratified analysis: difference of 111 mL; 95% CI, 16 to 207 mL; $P = .02$.
†Analysis adjusting for continuous severity and duration of lymphedema: difference of 77 mL; 95% CI, −10 to 163 mL; $P = .08$.
‡Stratified analysis: difference of 8.0%; 95% CI, −5.8% to 21.5%; $P = .25$.

Activités physiques, et le port de « charges lourdes »

Weight Lifting for Women at Risk for Breast Cancer–Related Lymphedema

A Randomized Trial

Kathryn H. Schmitz, PhD, MPH
Rehana L. Ahmed, MD, PhD
Andrea B. Troxel, ScD
Andrea Cheville, MD, MSCE
Lorita Lewis-Grant, MPH, MSW
Rebecca Smith, MD, MS
Cathy J. Bryan, MEd
Catherine T. Williams-Smith, BS
Jesse Chittams, MS

JAMA. 2010;304(24):2699-2705

Table 3. Lymphedema Onset Outcomes at 12 Months[a]

	Weight Lifting Intervention		Control			
	No./Total No. (%)	Mean (SD)	No./Total No. (%)	Mean (SD)	Cumulative Incidence Ratio (95% CI)	*P* Value[b]
All participants						
Defined by ≥5% increase in arm swelling[c]	8/72 (11)		13/75 (17)		0.64 (0.28-1.45)	.003
Clinician-defined onset	[illegible]		[illegible]		0.34 (0.04-3.22)	.12
Participants who had ≥5 lymph nodes removed						
Defined by ≥5% increase in arm swelling[c]	3/45 (7)		11/49 (22)		0.30 (0.09-1.00)	.001
Clinician-defined onset	[illegible]		[illegible]		0.37 (0.04-3.38)	.13

Weight Lifting in Women with Breast-Cancer–Related Lymphedema

Kathryn H. Schmitz, Ph.D., M.P.H., Rehana L. Ahmed, M.D., Ph.D., Andrea Troxel, Sc.D., Andrea Cheville, M.D., Rebecca Smith, M.D., Lorita Lewis-Grant, M.P.H., M.S.W., Cathy J. Bryan, M.Ed., Catherine T. Williams-Smith, B.S., and Quincy P. Greene

Table 3. Lymphedema Outcomes at 12 Months, According to Study Group.*

Variable	Weight Lifting		Control		Cumulative Incidence Ratio or Mean Difference (95% CI)†	P Value‡
	no. of patients with data	*value*	*no. of patients with data*	*value*		
Change in interlimb volume difference						
≥5% increase — no. (%)	70	8 (11)	69	8 (12)	1.00 (0.88 to 1.13)	1.00
≥5% decrease — no. (%)	70	13 (19)	69	15 (22)	0.96 (0.81 to 1.14)	0.68
Mean interlimb volume discrepancy between baseline and 12 mo (percentage points)	70	–0.69±5.87	69	–0.98±7.31	–0.29 (–1.94 to 2.51)	0.80
Exacerbation — no. (%)	65	9 (14)	65	19 (29)	0.47 (0.23 to 0.97)	0.04
Change in no. of symptoms reported between baseline and 12 mo§	70	–1.81±2.16	69	–1.17±1.94	–0.63 (–1.32 to 0.06)	0.07
Change in severity of symptoms between baseline and 12 mo§	70	–0.51±0.80	69	–0.22±0.71	–0.29 (–0.54 to –0.03)	0.03

CONCLUSIONS

In breast-cancer survivors with lymphedema, slowly progressive weight lifting had no significant effect on limb swelling and resulted in a decreased incidence of exacerbations of lymphedema, reduced symptoms, and increased strength.

N Engl J Med 2009;361:664-73.

Haltérophilie et lymphœdème

1. Ces articles vont à l'encontre des recommandations habituelles
2. Idée majeure : ne pas déconditionner le MS +++
3. Muscler sans hypertrophier (lutter contre les agressions quotidiennes)
4. Effet préventif (Schmitz et al. JAMA 2010;304:2699)

Activités physiques

Aucun interdit
Encadrées (professionnels formés)
Progressive en fréquence et intensité
Guidée par la patiente
Avec une compression si possible

National Lymphedema Network

Position Statement of the National Lymphedema Network

NLN Medical Advisory Committee

Updated December 2011

1. Stretching

« Flexibility exercises should be performed slowly and progressed gradually, are not a treatment for lymphedema, but are a part of optimal lifestyle management for reducing the complications of lymphedema » .....

2. Aerobic conditioning or « cardio » : walking, jogging, cycling, swimming
3. Exercise resistance exercise plus aerobic exercise: studies of combined resistance and aerobic exercise have shown no adverse effects on lymphedema

Drainages lymphatiques manuels

Effect of manual lymph drainage in addition to guidelines and exercise therapy on arm lymphoedema related to breast cancer: randomised controlled trial

Nele Devoogdt *doctor in rehabilitation science*[1 2], Marie-Rose Christiaens *professor, breast surgeon, and coordinator*[3], Inge Geraerts *research fellow*[1], Steven Truijen *scientific coordinator*[2], Ann Smeets *breast surgeon*[3], Karin Leunen *gynaecological oncologist*[3], Patrick Neven *professor in gynaecological oncology*[3], Marijke Van Kampen *professor in rehabilitation science*[1]

BMJ 2011;343:d5326 doi: 10.1136/bmj.d5326

Table 4| **Comparison of cumulative incidence and point prevalence of arm lymphoedema after surgery for breast cancer at 3, 6, and 12 months for different definitions according to treatments to prevent lymphoedema**

Definition of lymphoedema	Intervention (guidelines, exercise, manual drainage; n=77)	Control (guidelines, exercise; n=81)	Odds ratio (95% CI)	P value*
Primary outcome parameter				
Cumulative incidence, ≥200 mL increase:				
At 3 months	8 (10%)	6 (7%)	1.4 (0.5 to 4.4)	0.51
At 6 months	11 (14%)	12 (15%)	0.9 (0.4 to 2.3)	0.93
At 12 months†	18 (24%)	15 (19%)	1.3 (0.6 to 2.9)	0.45

30-40 séances sur 12 semaines

Seule restriction : délai d'intervention de 5 semaines après la chirurgie…

Conclusion Manual lymph drainage in addition to guidelines and exercise therapy after axillary lymph node dissection for breast cancer is unlikely to have a medium to large effect in reducing the incidence of arm lymphoedema in the short term.

Lymphology 47 (2014) 82-91

PHYSIOTHERAPY IN UPPER LIMB LYMPHEDEMA AFTER BREAST CANCER TREATMENT: A RANDOMIZED STUDY

A. Bergmann, M.G. da Costa Leite Ferreira, S.S. de Aguiar, R. de Almeida Dias, K. de Souza Abrahão, E.M. Paltrinieri, R.G. Martínez Allende, M.F.C. Andrade

Etude randomisée : PCD ± DLM, pendant 24 j, 3/sem.

TABLE 2
Characteristics of Groups 1 and 2 at Randomization

Characteristics	Group of treatment Group 1 (With MLD)	Group 2 (Without MLD)	Total	P value
Age	62.16 (9.06)	63.55 (10.98)	62.87(10,02)	0.604
Lymphedema onset (months)	38.53 (48.61)	36.45 (62.47)	37.47(55.60)	0.889
Volume excess (VE)	757.63 (509.74)	794.05 (480.19)	776.16 (490.19)	0.782
Volume excess percentage (VEP)	40.65 (24.75)	47.63 (28.71)	44.20 (26.83)	0.330
Lymphedema duration (months)	41.84 (35.29)	79.30 (77.57)	60.90 (62.98)	0.023
Inflammatory attacks	2.71 (3.30)	2.87 (2.70)	2.82 (2.80)	0.909
Body Mass Index	30.44 (5.14)	29.08 (5.97)	29.75 (5.57)	0.361

Values in average (sd)

TABLE 3
Therapeutic Responses for Lymphedema Volume Excess Reduction Between Treatment Groups With and Without MLD at the End of the First Phase of Treatment

Therapeutic Responses	Group of treatment Group 1 (With MLD)	Group 2 (Without MLD)	Total	P value
Treatment duration (days)	21.54 days (11.15)	27.34 days (13.03)	24.49 days (12.38)	0.076
VE (ml)	465.42 ml (323.60)	522.59 ml (311.46)	494.51 ml (315.95)	0.500
AVER (ml)	-292.21 ml (251.60)	-271.46 ml 227.57)	-281.65 ml 237.75)	0.745
VEP (%)	26.11% (16.79)	32.14% (17.13)	29.18% (17.09)	0.186
PVER (%)	-14.53% (11.68)	-15.49% (14.72)	-15.02% (13.21)	0.787
Pain Reduction (AVS)	-1.54 (3.43)	-1.17 (3.24)	- 1.35 (3.31)	0.682

VE: volume excess; AVER: absolute volume excess reduction; VEP: volume excess percentage; PVER: percentage volume excess reduction; AVS: analogical visual scale; MLD: Manual Lymph Drainage.

Drainages lymphatiques manuels

Probablement utile dans certains cas

	MLD			Standard				Mean Difference	Mean Difference
Study or Subgroup	**Mean**	**SD**	**Total**	**Mean**	**SD**	**Total**	**Weight**	**IV, Random, 95% CI**	**IV, Random, 95% CI**
Andersen 2000	163.2	28.6	20	216.6	32.2	22	25.9%	-53.40 [-71.79, -35.01]	
Johansson 1998	159	325	12	25	439	12	5.8%	134.00 [-175.04, 443.04]	
Johansson 1999	195	378	20	250	538	18	6.1%	-55.00 [-353.69, 243.69]	
McNeely 2004	241	228	21	244	197	24	16.6%	-3.00 [-128.38, 122.38]	
Sitzia 2002	1,147.5	143.5	15	764.1	121.2	13	19.4%	383.40 [285.35, 481.45]	
Williams 2002	71	28.1	29	30	17.1	31	26.1%	41.00 [29.13, 52.87]	
Total (95% CI)			**117**			**120**	**100.0%**	**75.12 [-9.34, 159.58]**	

Heterogeneity: Tau² = 7074.07; Chi² = 126.53, df = 5 (P < 0.00001); I² = 96%

Test for overall effect: Z = 1.74 (P = 0.08)

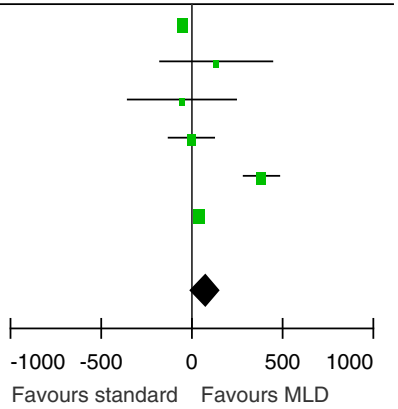


Figure 3 Forest plot of comparison of the effect of compression therapy with or without manual lymphatic drainage (MLD) on the reduction in post-mastectomy lymphedema volume from 6 clinical trials. The first author names, the standard deviations (SDs) of the mean, and the 95% confidence interval (CI) are included.

Education Thérapeutique du Patient (ETP)

- Auto-bandages (± auto-DLM)
  - avec un kinésithérapeute
  - technique simplifiée +++
  - seules ± entourage
- Traitement d'entretien : fréquence (min: 3/semaine la nuit)
- Autres ateliers collectifs, individuels : compression élastique, qu'est-ce que le lymphœdème…

Types de chirurgie (1)

1. Résection
   - ablation de tissus lymphœdémateux (Kim DI, Lymphology 1998;31:190)
   - liposuction (Brorson et al. Acta Oncol 2000;39:407)
2. Reconstruction
   - anastomoses lymphoveineuses (Campisi et al. Microsurgery 2010)
   - greffe de canaux lymphatiques (Weiss & Baumeister, Clin Nucl Med 2002;27:788)

Types de chirurgie (2)

3. Transferts tissulaires
   - greffe ganglionnaire autologue (transfert ganglionnaire) (Becker et al. Ann Surg 2006)
   - transfert pédiculé de l'épiploon (Benoit L, Ann Surg Oncol 2005;12:793)
   - autogreffe de cellules souches hématopoïétiques (Hou C, Jpn J Clin 2008;38:670)

Chirurgie de résection cutanée

- Discutée avec le patient, le médecin et le chirurgien
- Chirurgien plasticien expert en pathologies lymphatiques
- Encadrée par une hospitalisation avec bandages avant et après
- Ablation des tissus excédentaires
- Cicatrisation normale

Chirurgie de résection cutanée

- Traitement symptomatique
- Nécessitant la poursuite du traitement contention/compression
- Compressions élastiques : superposition de bas cuisse classe 3, auto-bandages
- Pas de complications particulières ni retard de cicatrisation

OUTIL SUPPLEMENTAIRE dans la stratégie thérapeutique

Complications of Autologous Lymph-node Transplantation for Limb Lymphoedema

European Journal of Vascular and Endovascular Surgery

S. Vignes [*], **M. Blanchard, A. Yannoutsos, M. Arrault**

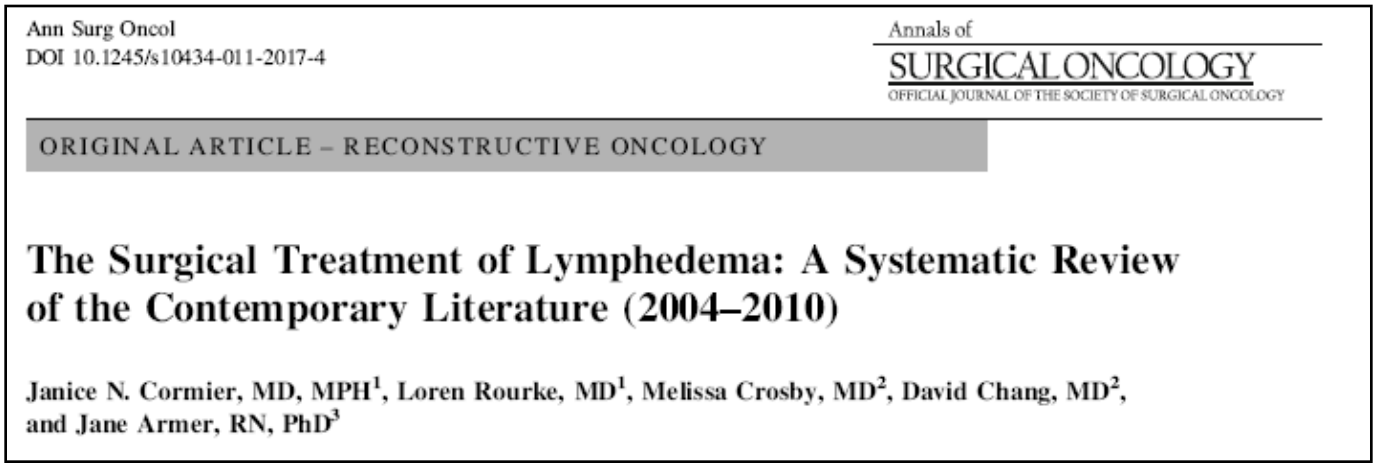
Table 1. Characteristics of lymphoedema and complications after ALNT according to order and limb.

Patient	Sex, age	Lymphoedema Aetiology, side	Pregraft duration (mo)	Donor-site, side	Complications
Secondary					
Upper limb		Breast cancer			
1	F, 52	Left	36	Inguinal, right	Lymphoedema right lower limb, donor-site pain
2	F, 42	Right	80	Inguinal, left	
3	F, 64	Left	96	Inguinal, right	
4	F, 68	Right	125	Inguinal, right & left	
5	F, 63	Right	33	Inguinal, left	Donor-site pain, lymphocele
6	F, 80	Left	86	Inguinal, right	
7	F, 69	Right	28	Inguinal, left	Donor-site pain, lymphocele
8	F, 68	Left	7	Inguinal, right	
9	F, 48	Left	17	Inguinal, right & left	
10	F, 67	Right	212	Inguinal, right	Lymphocele
11	F, 36	Left	39	Inguinal, right	Lymphoedema right lower limb
12	F, 48	Left	105	Inguinal, right	
13	F, 59	Left	28	Inguinal, right	
14	F, 49	Left	23	Inguinal, right	
Lower limb					
15	F, 46	Cervical cancer, right	29	Axillary, left	
16	F, 46	Cervical cancer, left	16	Axillary, right & left; inguinal, right	
17	F, 33	Endometrial cancer, left	15	Axillary, left	Lymphocele
18	F, 31	Cervical cancer, right	67	Axillary, right & left	
19	M, 35	Inguinal hamartoma, left	49	Axillary, left; inguinal, right	Lymphoedema left upper limb, hydrocoele
20	M, 42	Testicular cancer, right	182	Axillary, left	Lymphoedema, left upper limb, donor-site pain
21	F, 63	Cervical cancer, left	31	Axillary left	
Primary lower limb					
22	M, 47	Right	178	Axillary, right & left	
23	F, 10	Right	37	Axillary, left	
24	F, 20	Left	20	Inguinal, right	
25	F, 30	Right	2	Axillary, right	Lymphoedema right upper limb
26	M, 21	Right	91	Axillary, right; inguinal left	Lymphoedema right upper limb

Chirurgies

- Multiples techniques chirurgicales dans le traitement des lymphœdèmes
- Physiothérapie décongestive : référence
- Indications chirurgicales difficiles à poser sauf lymphœdèmes génitaux

⇒ Evaluation nécessaire des techniques



Ann Surg Oncol
DOI 10.1245/s10434-011-2017-4

Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

ORIGINAL ARTICLE – RECONSTRUCTIVE ONCOLOGY

The Surgical Treatment of Lymphedema: A Systematic Review of the Contemporary Literature (2004–2010)

Janice N. Cormier, MD, MPH[1], Loren Rourke, MD[1], Melissa Crosby, MD[2], David Chang, MD[2], and Jane Armer, RN, PhD[3]

Techniques alternatives

Diurétiques interdits, veinotoniques inefficaces

- Acupuncture
- Endermologie
- Balnéothérapie, thermothérapie
- Oxygénothérapie hyperbare
- K-taping®
- Laser

Absence d'évaluation ou absence d'efficacité démontrée

Rodrick JR et al. PM R 2013

Schéma de prise en charge