



SKIN CONDITIONS OF CHRONIC LYMPHOEDEMA PATIENTS

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Introduction: Assessment of skin conditions of lymphoedema patient influences the complex decongestive physiotherapy. The correct nomenclature and the analysis of the pathogenesis of skin disorders are important because they require the integration of different skin care procedures in the management of lymphoedema. The dermatological complications of the neglected chronic lymphedema can be life threatening.

Aim: Skin disorders are common in patients with lymphoedema but the nomenclature and the diagnosis are not always correct. The pathogenesis of these skin conditions should be known and understood to make possible the adequate treatment and prevention. In the present lecture the clinical appearance, the histological characteristics, the pathogenesis, the diagnostic procedures and the therapeutic recommendations are documented.

Material: Between 2001-2005 – 1095 chronic lymphoedema patients were observed with different skin disorders. These complications were as follows: erysipelas/cellulitis, fasciitis necrotisans, lymphangiectasia, lymphorrhoea, ulcers (maceration, chronic venous insufficiency), stasis dermatitis, microbic eczema, contact dermatitis, fungal infections, bacterial infections, papillomatosis, fibromatosis, hyperkeratosis, lymphangioma, lymphangio-haemangiosarcoma (Stewart-Treves syndrom).

Discussion: Skin problems are very colourful in patients with lymphoedema and misdiagnosis is not rare. The correct diagnosis is the basis for the good skin care. Differential diagnosis of ulcers (maceration, venous insufficiency or occlusive arterial disease) is important to decide the ulcer care. The different origin of dermatitis (microbic or contact) influences the treatment and topical corticosteroids can be contraindicated. Hyperkeratosis and papillomatosis need a special care as well. Fungal and bacterial infections must be treated before starting manual drainage or bandaging. Erysipelas and fasciitis necrotisans can be life threatening conditions and it is necessary to know the alarming clinical criteria for hospital admission.