Aktuelles: Lymphologie

Manuelle Lymphdrainage und Metastasierung

Immer wieder taucht die Frage auf, ob durch die Manuelle Lymphdrainage Krebszellen im Körper vertellt werden und hierdurch eine Metastasierung gefördert wird.

Zu diesem Thema möchten wir auf folgende Studien verweisen:

Indications and risks of manual lymphdrainage (mL) in head en neck tumors

Preisler, V.K., Hagen, R., F. Laryngo-rhino-otologie. 1998 Apr.; 77(4):207-2

191 pts (100%) head en neck tumors

nr treatment recidive (37 = 19,3%) 100 mL 18 = 9,4% 91 without mL 19 = 9,9%

Is there a link between lymphoedema treatment and breast cancer reoccurence?

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Background: The treatment of lymphledema encompasses many modalities. Manual lymphatic drainage, compression devices and low level laser are known to increase lymph flow from and through the affected extremity. However there are occasional rumours that these lymph flow enhancing treatments can spread cancer cells and contribute to disease progression.

Objectives: To determine if there is any relationship between low lever! laser therapy and namual lymphatic drainage, and the re-occurence of cancer.

Methodes: Ethics permission from Southern Adelaide Health Service/Flinders University human research ethics committee was obtained to conduct the audit. The primary data was collected as medical records for patients of the Flinders Breast Cancer Unit and Lymphoedema Assessment Clinic between 1994 and 2010. This data consisted of 1536 patients and contained all necessary bio-data. Recordes for breast cancer treatment were kept or all patients. A breast nurse kept a diary of cancer reoccurrence from 2000-2010. From this data, records of treatment for breast cancer between 2000 and 2008 for 1298 individual patients, of whom 52 had treatment for lymphoedema were extracted, as well as the record of cancer re-occurrence dated between 2000 and 2010. All data were aggregated and summarised using MS Access 2007.

Results: To test whether there was a significant difference between the proportion of patients who underwent lymphoedema treatment against those who did not, a two-taild statistical test with a confidence level of 99% was made. The results show there is no significant difference between the proportions of cancer re-occurrence between patients who received treatment for lymphoedma and those who did not.

Conclusions: Treatment of lymphoedema consisting primarily of low level laser and manual lymphatic drainage does not impact on cancer re-occurrence rates.