



# Neoplastic and Malignant Lymphedema after Breast Cancer



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## Opinion

Lymphedema is one of the most feared oncological postoperative complications. Its occurrence is multifactorial, which means that it depends on several circumstances to develop [1]:

- A. Lymphadenectomy
- B. Radiotherapy in lymph nodal chain
- C. Administration of peripheral chemotherapy on the same side of the injure.
- D. Older age
- E. Excessive weight
- F. Among others

Despite all that fear, it is classified as benign complication in the great majority of the cases, and it has an available treatment. The Complex Decongestive Therapy (CDT) is the main treatment and it combines [2-4]:

- A. Manual Lymph Drainage
- B. Compression therapy (Bandaging, wraps)
- C. Prescription for medical compression garments
- D. Exercise
- E. Skin Care

However, there are other two types of lymphedema that are not classified as benign, the neoplastic lymphedema and the malignant lymphedema. Their characteristics are similar, but the anatomopathological aspects vary between carcinoma and sarcoma, respectively. Their onset is sudden, with diffuse pain, and the presence of tumoral invasion and compression of nerve roots. The skin presents a cyanotic or reddish aspect,

alteration in temperature and palpable lymph nodes, and in some cases may present collateral circulation and carcinogenic ulcer. Diminution in range of motion and muscle strength, and postural alterations may also occur [2,5,6]. (Table 1) Like everything within physiotherapy, an evaluation and differentiation of each type of lymphedema is essential to determine the best treatment. In neoplastic or malignant lymphedema cases, chemotherapy is usually administered concomitantly, and it is the physiotherapist with a specialization in oncology responsibility to seek for more independence, functionality, quality and comfort in patients' survival. Other alternative treatments may aid the complex physical therapy, as acupuncture, manual therapy, slings, among others. The adoption of the best approach is based on the patients' response to the treatments.

**Table 1:**

Neoplastic Lymphedema	Malignant Lymphedema
It originates from tumoral compression on the lymphatic system, infiltration of the tumor in lymphatic vessels or lymph nodes	It originates from the lymphedema's chronicity and chronic inflammation.
Carcinoma's compression or invasion in the lymphatic structures	Lymphatic vascular endothelium sarcoma or lymphangiosarcoma or Stewart-Treves Syndrome

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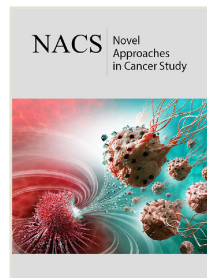
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