



ELSEVIER



CORRESPONDENCE AND COMMUNICATION

Lymphatic vessel grafting for prevention of venous reflux into a sclerotic lymphatic vessel in supermicrosurgical lymphaticovenular anastomosis



treatments have been reported to be useful to improve the disease's conditions, and lymphatic supermicrosurgery or supermicrosurgical lymphaticovenular anastomosis (LVA) is the least invasive one among them.^{1,2} In LVA, a lymphatic vessel is anastomosed to a vein in an intima-to-intima coaptation manner to prevent post-anastomotic thrombosis. Although anastomosed in such a manner, a sclerotic lymphatic vessel has a significantly higher thrombosis risk after LVA, because lymphatic endothelial cells are damaged and the basement membrane or structures other than the endothelium are exposed into the lymphatic vessel lumen. It is important to prevent venous reflux into a sclerotic lymphatic vessel for prevention of subsequent lymphatic vessel thrombosis.³ To address this challenge, we adopted a new technique, lymphatic vessel grafting, in LVA surgery.

Dear Sir,

Treatment for progressive lymphedema refractory to conservative therapies is challenging. Several surgical

Conducted under the Tokyo Metropolitan Bokutoh Hospital ethics committee-approved protocol.

Conflicts of interest

None.

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None.

Prior presentations

None.

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