About the Treatment of Lymphocele

J.L.		Teruel
R.		Matesanz
L.		Orte
F.		Liaño
J.		Ortuño

Department of Nephrology, Hospital Ramón y Cajal, Madrid, Spain

Dr. José Luis Teruel, MD, Department of Nephrology, Hospital Ramón y Cajal, Carretera de Colmenar, km 9,100, E-28034 Madrid (Spain)

Dear Sir,

Lymphocele is a not infrequent complication of renal transplantation, and its management remains controversial. The most widely accepted treatment of symptomatic lymphocele is internal drainage through an intraperitoneal marsupialization [1–5]. This technique, however, implies a surgical procedure which needs a medial laparotomy and is not devoid of risks. Heal volvulus [4], ascites [6] and lymphoperitonitis [2] have been described to occur after marsupialization. Besides, this procedure is not always curative, and recurrences have frequently been detected [1, 5, 6].

In 1983, we described the instillation of povidone-iodine into the lymphatic cavity as a new treatment of lymphocele [7]. Under ultrasound control, a 3-way Foley catheter is inserted percutaneously into the lymphatic cavity. After draining the fluid collection, we inject 50 ml of 10% povidone-iodine. Then, the catheter is clamped for 30 min. Free drainage of lymph fluid is permitted in a closed drainage system. Povidone-iodine instillations are repeated 2–3 times a day up to the disappearance of lymph secretion. When the lymph output is negligible, we keep the catheter clamped for 72h before removing it and make sure by ecography that the fluid collection has not relapsed. Povidone-iodine instillation is entirely painless; its antiseptic properties lessen the risks of infection.

We have applied this technique in 5 patients with hydronephrosis and graft function impairment caused by the lymphocele. After draining the fluid collection, the renal function became normal in all the patients, and povidone-iodine instillation was followed by an immediate reduction of lymph output. The treatment was prolonged for 2 weeks (3 cases), 3 weeks (1 case) and 6 weeks (1 case). In these last 2 cases, instillations were performed on an ambulatory basis by the patient. There were not complications, and none of the patients experienced local pain. The follow-up periods at the end of treatment have been 43, 36, 27, 26 and 2 months; recurrences have not been observed. All the patients now have a normal renal function (serum creatinine less than 1.5 mg/dl).

This technique is simple, inexpensive and can be performed on an outpatient basis. We think that it is an excellent solution for this serious problem and has evident advantages over previously assayed treatments; it should, therefore, be the initial approach to lymphocele therapy.

References

Brockis, J.G.; Hulvert, J.C.; Patel, A.S.; Golinger, D.; Hurst, P. Saker, S.; Haywood, E.F.; House, A.K.; Merwyk, A.: The diagnosis and treatment of lymphoceles associated with renal transplantation. A report of 6 cases and a review of the literature. *Br. J. Urol.* 50:307–312(1978).

Lerut, T.; Lerut, J.; Broos, P.; Guwez, J.A.; Michielsens, P.: Lymphatic complications in renal transplantation. *Eur. Urol.* 6: 83–89 (1980).

Helling, T.S.; Alleman, R.E.; Thomas, C.Y.; Moore, J.D.; Koontz, P.G.: Prevention and management of urologic complications following renal transplantation. *Transplant. Proc.* 12: 695–702 (1980).

Rubay, J.E.; Squiffet, J.P.; Pirson, Y.; Dardenne, A.N.; Alexandre, G.P.J.: Les lymphocèles après transplantation rénale. *J. Chir. Paris* 720:303–309 (1983).

Greenberg, B.M.; Perloff, L.J.; Grossman, R.A.; Naji, A.; Barker, C.F.: Treatment of lymphocele in renal allograft recipients. *Archs Surg.* 120:501–504 (1985).

Roney
P.D.; Wellington
J.L.: Traumatic lymphocele following renal transplantation. *J. Urol.* 134.: 322–323 (1985).

Teruel
J.L.; Martin Escobar
E.; Quereda
C; Mayayo
T.; Ortuño
J.: A simple and safe method for management of lymphocele after renal transplantation. *J. Urol.* 130: 1058–1059 (1983).