

Lymphedema in children

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Congenital primary lymphedema in children is a clinical condition that affects 1.15 out of every 100,000 live births (1). The diagnosis of this condition is one of the greatest challenges that families face. Even physicians have difficulty diagnosing this in children. In recent years, we have examined dozens of children from Brazil and other countries and noticed that the stories of these difficulties are the same. Therefore, steps need to be taken such that pediatricians are able to identify the problem at an early phase and help in alleviating the suffering of the families.

A constant problem is the mistaken conduct on the part of physicians and even vascular surgeons who advise allowing children to reach the age of 6 or 7 years before beginning treatment. We now know that treating at an early stage is easier and leads to better results. Moreover, treatments used in the past were an adaptation of those performed on adults, and there was no specific form of treatment for children.

Over the years, we have developed the first specific treatment for children with congenital primary lymphedema published in the literature that proposes normalization or near normalization of the edema using a single technique, which we have denominated as cervical lymphatic treatment (2, 3). This technique consists of application of specific stimuli in the cervical region for 15 to 20 minutes per day as monotherapy. Cervical stimulation is type of therapy that hypothesis of the mechanism of action is that cervical stimulation causes the contraction of the lymphangions. With this treatment, children can lead a practically normal life without the use of pressure stockings or sleeves, compression bandages, or any other form of treatment. Parents are trained to perform the procedure until they are able to do it without supervision. The first study published in the literature was an evaluation of 2 years of treatment in which a significant reduction in edema in the affected limb occurred within the standards of normality or near normality in comparison with that of the unaffected limb. We are currently in the publication phase of a 10-year follow-up evaluation in which all the children are within or nearly within the range of normality with this monotherapy alone. This study was presented at the World Lymphology Conference in Buenos Aires in 2019. This is the greatest advance in the treatment of these children and can change their lives by avoiding the progression to elephantiasis.

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