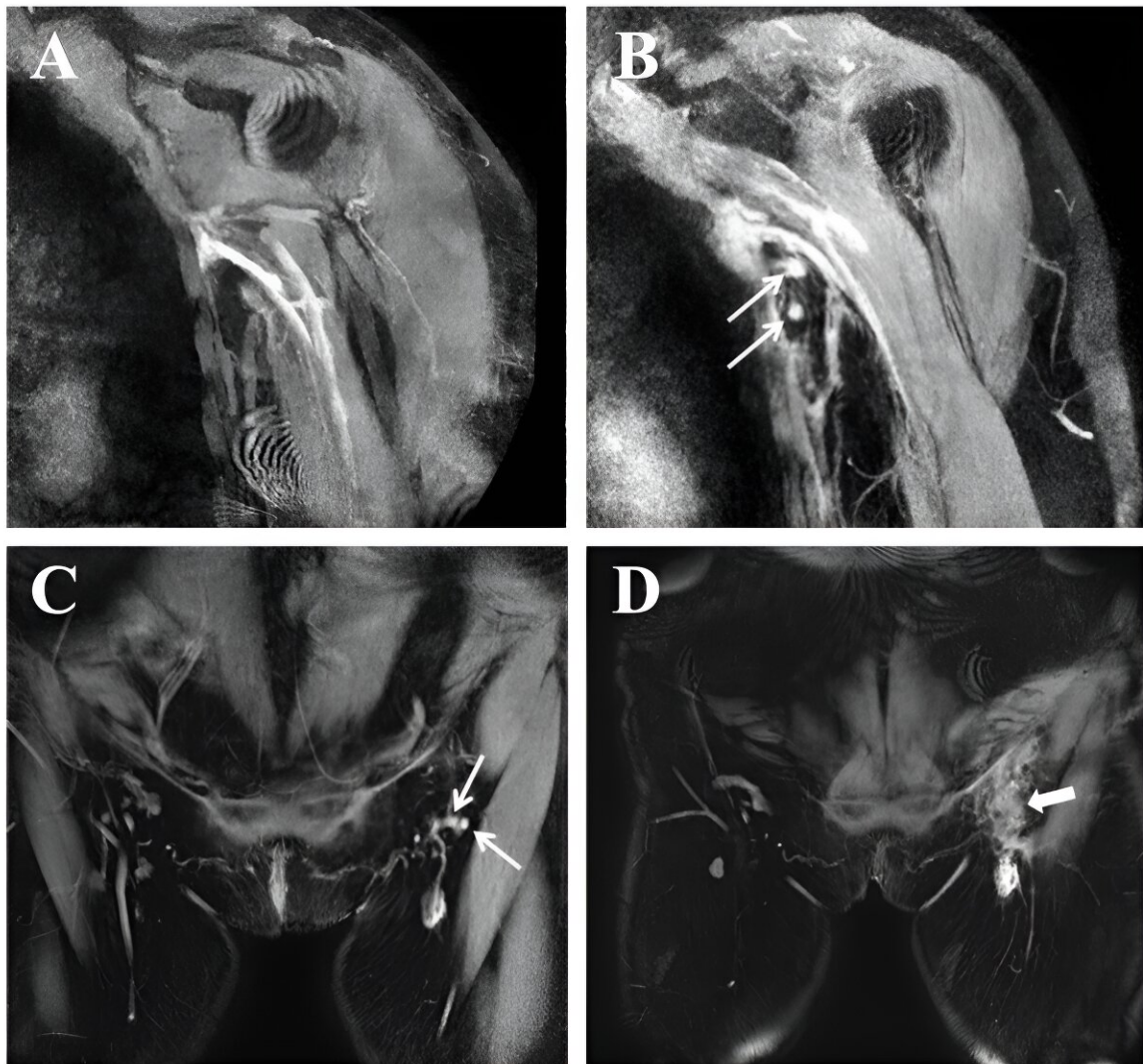


Effective lymph node transfer eases arm swelling in breast cancer patients

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(A) No lymph nodes were detected in the left axillary region before surgery. (B) MRL detected two surviving lymph nodes (arrows) and an associated lymphatic

network at the recipient site one year post-surgery. Credit: Jiang Z et al

A recent study led by Dr. Zhaohua Jiang from the Shanghai Ninth People's Hospital has brought advancements in the treatment of lymphedema in breast cancer survivors. Through a procedure known as vascularized lymph node transfer (VLNT), Jiang and his team successfully demonstrated the restoration of lymphatic function in patients suffering from this painful condition.

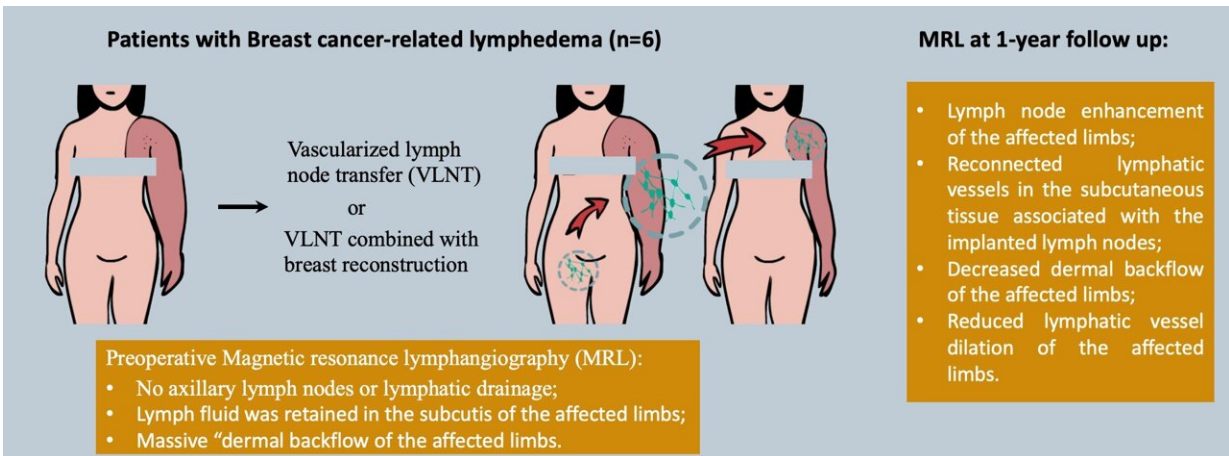
The study is [published](#) in the *Chinese Journal of Plastic and Reconstructive Surgery*.

"We uncovered evidence that VLNT can effectively reconnect the [lymphatic system](#), reducing arm swelling and improving the lives of patients," says Jiang. "The technique involves transplanting healthy lymph nodes into the affected area, which then promotes the regeneration and reconnection of the lymphatic vessels."

The researchers tracked the outcomes using magnetic resonance lymphangiography (MRL), an imaging technology that revealed significant improvement in lymphatic drainage and reduction in limb volume.

"Seeing the lymphatic pathways reform and begin functioning effectively within a year after the procedure was both unexpected and rewarding," remarks Jiang.

The team's findings can pave the way for improved [treatment options](#) for those suffering from lymphedema post-breast cancer treatment. "This could provide patients not just symptom relief but also a sustained improvement in quality of life," adds Jiang.



Credit: Jiang Z et al

More information: Zhaohua Jiang et al, Vascularized lymph node transfer using axilla as recipient site restores lymphatic flow in upper limb lymphedema: Evidence from magnetic resonance lymphangiography, *Chinese Journal of Plastic and Reconstructive Surgery* (2024). [DOI: 10.1016/j.cjprs.2024.02.001](https://doi.org/10.1016/j.cjprs.2024.02.001)

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