Worsening Left Hand Edema in the Setting of Prior History of Lymphedema

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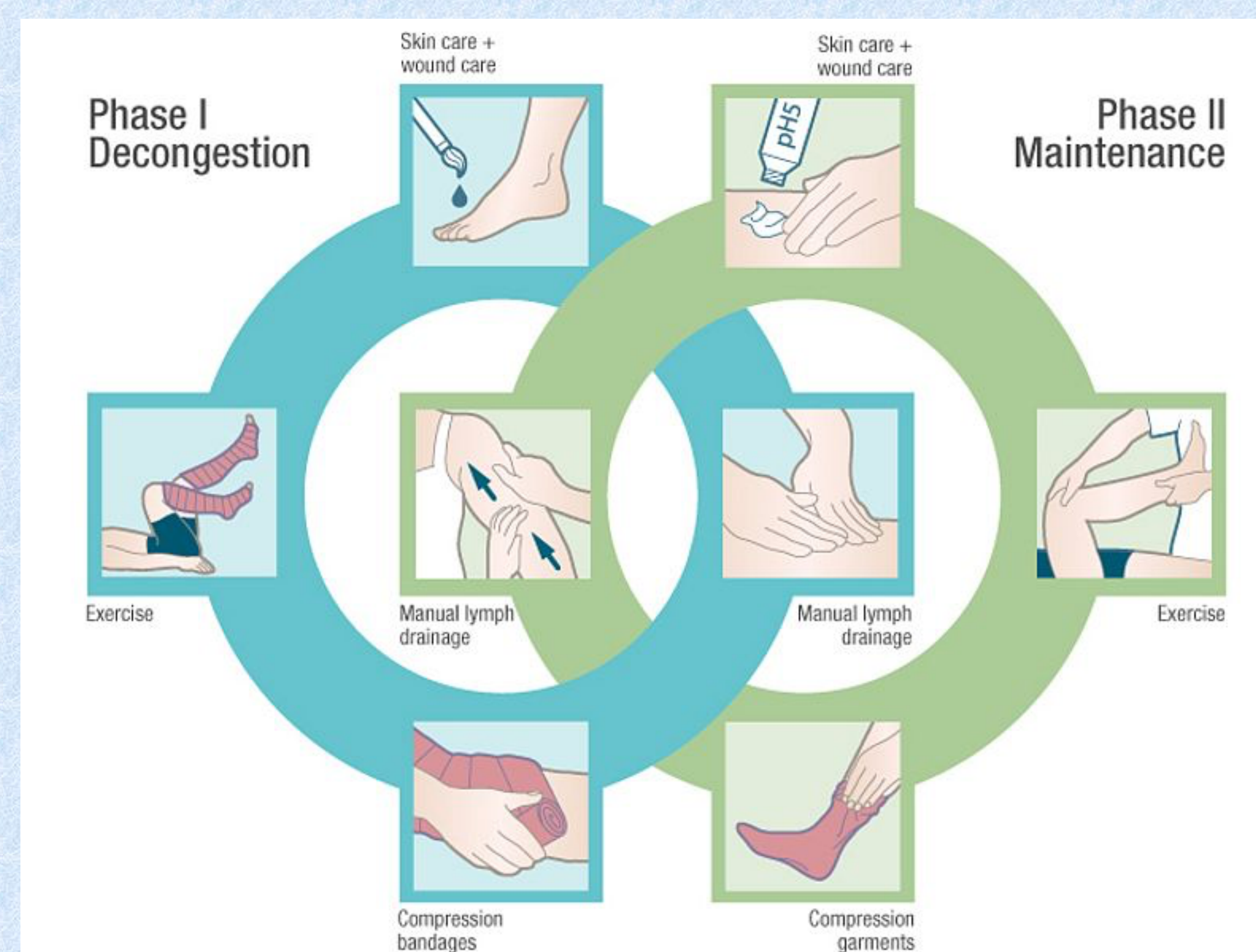
CASE DESCRIPTION

- 55 year old female presented to cancer rehabilitation clinic for management of worsening lymphedema.
- Oncologic history was significant for left breast, intra-ductal carcinoma, ER/PR negative and HER2 positive status-post neo-adjuvant chemotherapy and left mastectomy with left axillary lymph node dissection. CT chest demonstrated new metastatic lymphadenopathy in the left axilla and the left anterior chest wall
- Left upper extremity ultrasound revealed thrombus in one of the brachial veins
- CDT was halted until she was therapeutically anti-coagulated
- Left hand swelling significantly improved after one month of therapeutic anticoagulation, CDT, and compression therapy.

Learning Points

- Not all edema in a patient with a history of breast cancer is lymphedema.
- Identifying or ruling out a suspected DVT prior to initiating treatment for lymphedema with complete decongestive therapy (CDT) may be necessary



DISCUSSION

- Lymphedema is a known potential occurrence after breast cancer treatment
- Understanding the clinical characteristics of lymphedema versus edema, identification of new malignancy and duration of symptoms are important factors when diagnosing lymphedema versus other insidious processes
- It is important to rule out a DVT, if this is suspected, prior to initiating complete decongestive therapy.

REFERENCES

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2. "WHAT IS CDT?" *Complete Decongestive Therapy*, www.lymphcareusa.com/professional/therapy -solutions/complete-decongestive-therapy.html.