

Assinalam as normas de conduta diagnóstica e terapêutica utilizadas no grupo de Cirurgia Vascular do Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo.

Destacam as condutas de terapêutica clínica ou cirúrgica de acordo com os aspectos clínicos e os achados linfográficos.

#### **Clinical Studies of 120 Patients with Lymphoedema of the Limbs**

The authors studied 120 patients with lymphoedema of the limbs stressing the greater occurrence of the praecox lymphoedema among the primary type and the large incidence of secondary lymphoedema after spells of cellulitis and erisipela of the lower limbs.

They describe the diagnostic and therapeutic management of these cases in the vascular surgical group of the "Hospital das Clínicas" of the University of São Paulo.

They discuss the therapeutical management, surgical or clinical according to the clinical and lymphographic findings.

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#### **Quiluria — Aspecto Linfográfico**

A perda da linfa pela urina é um fenômeno pouco frequente. Sua etiologia é, provavelmente, explicada pela reversão do fluxo linfático entre os vasos linfáticos renais e para-aórticos e esta reversão ocorreria por um bloqueio na altura de T.12-L.1.

Ambos os pacientes, de 60 anos de idade aproximadamente, apresentaram perda de linfa pela urina, sem causa aparente.

Foi realizado o estudo linfográfico no sentido de se tentar estabelecer a etiologia.

Como achado linfográfico observamos a circulação do contraste dos vasos para-aórticos em direção ao hilo renal, e a sua presença no sistema papilar-calicial e a excreção pela via ureteral, indo coletar-se na bexiga.

Em ambos os pacientes a perda de linfa da urina "desapareceu" após o exame linfográfico, sem outras explicações a não ser a do possível entupimento dos vasos pelo Lipiodol ultra-fluido.

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#### **8-year Observations of Tissue Changes in Experimental Postsurgical Lymphedema**

The pathomechanism of development of obstructive lymphedema has been studied in 5 dogs for a period of 8 years. As has been published previously

dilatation of lymphatic collectors occurs before any edema can be detected. This is followed by dilatation of lymph capillaries and at that time edema usually is evident.

This is accompanied by protein deposition in the skin, thickening of collagen fibers, formation of basement membrane-like structure in lymph capillaries. Radiology reveals continuous dilatation of lymphatics, and stereomicroscopy formation of "new" lymph vessels in skin, fascia, and neurovascular bundles. Cell count in the stagnant lymph steadily increases reaching even 3000 cells/cu mm. 85% of them are small lymphocytes, 5% lymphoblasts, 5% monocytes, and 5% macrophages. These last cells are probably of prime importance, as their number increases first after skin contamination, before any other cells proliferate or enter lymphatics. Because of frequent inflammatory changes type of cells frequently changes, and protein concentration may temporarily rise.

A low immunoglobulin and complement concentration is found in the stagnant lymph. Following immunisation of dogs with rabbit lymphocytes the lymph lymphocytotoxic antibodies titers rose insignificantly, whereas titers in serum were high. As fibrosis of skin proceeds lymph vessels become gradually narrowed, minor of them got occluded, and finally no lymphatics can be found in the skin. That period is complicated by frequent bouts of lymphangitis. The inflammatory changes are limited exactly to the area of lymph stasis. The most important experimentally proved phenomenon is a rapid progress of fibrosis in lymphodematous skin after contamination with bacteria. Consecutive electron micrograms, lymph smears, and immunoglobulin levels figures will be presented.

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#### **Problematic Cases in Lymphatic Surgery**

Three selected cases of extreme lymphedema are presented from among the patients, treated in the last 20 years in the 4th Surgical (Cardiovascular) Clinic of the Semmelweis Medical University, Budapest, because of lymphatic disorders. The pathogenesis, prognosis and the therapeutic problems are discussed in connection with a patient having extreme chylous lymphedema.

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#### **Quilotorax. Uma Complicação Rara da Aortografia Translombax. Com Comprovação Linfográfica**

Os autores apresentam neste trabalho, o caso de uma doente de 40 anos, que após ser submetida a uma Aortografia Translombax para esclarecimento