

Comments on “Lumbar Sympathetic Ganglion Block for Cancer Associated Secondary Lower Limb Lymphedema”

To THE EDITOR:

We have read article “Lumbar Sympathetic Ganglion Block for Cancer Associated Secondary Lower Limb Lymphedema: A Retrospective Study” by Huang et al (1) with immense interest. They have thrown light on a debilitating condition of lower limb lymphedema which could be addressed by the proposed technique of lumbar sympathetic ganglion block (LSGB). It has been correctly mentioned that due to small sample size and retrospective nature of study it is not possible to draw firm conclusions, but the findings of their study seem to be promising in management of lower limb lymphedema in gynecological cancer patients. There are certain points which should be clarified by the authors for the better understanding and clinical utility of their study.

Firstly, were the 30 patients chosen for the LSGB were nonresponders to complex decongestive physical therapy or they were given LSGB on the first presentation without physical therapy. Moreover, could physical therapy have a complementary role in reducing lymphedema after performing LSGB. Secondly, authors have mentioned that lower limb lymphedema was secondary to gynecological cancer treatment, it is prudent to mention that did all the patients undergo complex

gynecological cancer surgeries or they had received adjunct treatment modalities, such as chemotherapy and radiotherapy. This will certainly help to predict the correlation of development of lymphedema with cancer surgeries and guide us for earliest planning of LSGB for prevention of lymphedema (2). Thirdly, though it may be out of purview of this study, the successful role of LSGB using local anesthetics in treating secondary lower limb lymphedema incites us to explore the outcomes of using long-term treatments, such as alcohol neurolysis and radiofrequency ablation (3). We would appreciate if authors share their experience in this regard. We are thankful to the authors for providing us an insight to this condition and the treatment proposed. It would be of paramount importance to conduct further studies to validate LSGB as an alternative treatment and emphasize its role in prevention of secondary lower limb lymphedema.

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