Factors associated with lymphedema after treatment for uterine cervical neoplasms: a systematic review

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INTRODUCTION

Lower limb lymphedema (LLL) is a common complication after treatment of uterine cervical neoplasms [1,2]. Authors' knowledge, there is no systematic review study that evaluates specifically factors associated with lymphedema following treatment of cervical cancer, making prevention strategies difficult.

OBJECTIVES

Realize a systematic literature review of studies that identified factors associated with lymphedema after treatment for uterine cervical neoplasms.

METHODS

The study was performed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. Eligible studies were identified through the databases Medline (via PubMed), LILACS, Scopus and Web of Science. For the search, we used descriptors, keywords and synonyms for: uterine cervical neoplasms, lymphedema and outcomes of interest (incidence, prevalence, frequency, occurrence, morbidity, risk factors and prognosis). We included cross-sectional, retrospective or prospective cohort studies, or case-control studies, published in the English, Portuguese or Spanish languages, between January 1, 2013 and December 31, 2017, with frequency data and risk factors for lymphedema after uterine cervical neoplasms treatment. Studies that evaluated the presence of lymphedema less than six months after surgery or radiotherapy, those whose frequency data were not stratified by tumor topography and those performed on animals, were excluded.

RESULTS

Fifteen studies were included in the review (FIGURE 1). The risk factors for lymphedema included adjuvant radiotherapy, pelvic and para-aortic lymphadenectomy, removal of circumflex iliac lymph nodes, retroperitoneal closure, open surgical procedure, cellulitis, lymphocytes after surgery and BMI ≥ 25 kg / m².

Figure 1 - Flow diagram indicating the literature search and selection process, which were conducted in accordance with the PRISMA

CONCLUSION

The different delineations and methodologies employed by the authors make it difficult to compare them and may interfere with the frequency and risk factors associated with lymphedema. There is no consensus on the best method used in the diagnosis of lymphedema and the risk factors are mainly associated with cancer treatment and obesity. We suggest that research with a focus on LLL as the primary outcome measure in well-designed prospective long-term follow-up trials with structured assessments using validated objective measurements and information about patient.

REFERENCES

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