Role of Hand Held Low Level Laser Device in Treatment of Lymphedema Our Experience

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Abstract

Lymphedema is a disease affecting lymph flow causing symptoms of pain, oedema, and increased chance of infection. There are different modalities of treatment of lymphedema and includes decongestive compression therapy and methods to cause debunking of the oedema. Recently we came across use of LLLT in lymphedema treatment as well as a hand-held low-level laser machine. We share our experience of the application of the hand-held laser device in the management of lymphedema.

Keywords: Low Level Laser Device; Lymphedema.

Introduction

Lymphedema is a disease caused by obstruction to lymph flow.¹ Primary lymphedema arises from aberrant lymphatic development. The damaged lymphatics cannot transport lymph in adequate quantities and the lymph accumulates in the lymphatic spaces.² Low Level Laser Therapy (LLLT) is reported to have beneficial effects on cells and tissues in a broad range of conditions, including lymphedema, through encouraging formation of lymphatic vessels (lymph angiogenesis), promoting lymphatic flow and stimulating the immune system. LLLT uses waves between 650-1000 nm $^{3.4}$

Materials & Methods

This is a prospective case study of a 29-year female admitted in the department of Plastic Surgery in August 2019, with c/o swelling of the left lower limb for 16 years. The patient was assessed and investigated thoroughly. The patient was diagnosed to have primary lymphedema of the left lower limb associated with secondary skin changes (WHO grade-7). The patient was given standard care as per International Society of Lymphology (ISL) guideline. As the patient was not willing for any microsurgical or excisional procedure, a decision was made to perform liposuction. The patient was given low level laser device (fig. 1) for prevention of recurrence over the affected limb. The patient was

instructed to use the device once a day for 15 minutes over the affected limb every day for 6 weeks and the cost of the laser comb devices range from 400 to 400 to 5000 INR.

Results

There was no recurrence of the lymphedema and the patient was satisfied with the treatment after 6 weeks of follow up. (Figure 2)





Fig. 2: after liposuction at 6 weeks of follow up.

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References

- Camitta BM. Abnormalities of lymphatic vessels. In: Kliegman R, Nelson WE, editors. Nelson textbook of pediatrics. 18th ed. Saunders: Philadelphia; 2007. pp. 2092–3.
- Morgan CL, Lee BB. Classification and Staging of Lymphedema. In: Tretbar LL, Morgan CL, Lee BB, Simonian SL, Blondeau B, editors. Lymphedema: Diagnosis and Treatment. London: Springer; 2007. pp. 21–30.
- 3. Carati CJ, Anderson SN, Gannon BJ, Piller NB. Treatment of postmastectomy lymphedema with low-level laser therapy: a double blind, placebocontrolled trial. Cancer. 2003;98(6):1114–22. [PubMed: 12973834].
- Moseley AL, Carati CJ, Piller NB. A systematic review of common conservative therapies for arm lymphedema secondary to breast cancer treatment. Ann Oncol. 2007;18(4):639–46. [PubMed: 17018707].
- Avci P, Gupta A, Sadasivam M, Vecchio D, Pam Z, Pam N, Hamblin MR. Low-level laser (light) therapy (LLLT) in skin: stimulating, healing, restoring. InSeminars in cutaneous medicine and surgery 2013 Mar (Vol. 32, No. 1, p. 41). NIH Public Access.
- Lubart R, Wollman Y, Friedmann H, Rochkind S, Laulicht I. Effects of visible and near infrared lasers on cell cultures. J PhotochemPhotobiol B. 1992;12(3):305–310. [PubMed] [Google Scholar].
- Wu W, Naim JO, Lanzafame RJ. The effect of laser irrafiation on the release of bFGF from 3T3 fibroblasts. PhotochemPhotobiol. 1994;59(2):167– 170. [PubMed] [Google Scholar].

- Vinck EM, Cagnie BJ, Cornelissen MJ, Declercq HA, Cambier DC. Increased fibroblast proliferation induced by light emitting diode and low power laser irradiation. Lasers Med Sci. 2003;18(2):95–99. [PubMed] [Google Scholar].
- Frigo L, Fávero GM, Lima HJ, Maria DA, Bjordal JM, et al. Low-level laser irradiation (InGaAlP-660 nm) increases fibroblast cell proliferation and reduces cell death in a dose-dependent manner. Photomed Laser Surg. 2010;28(Suppl 1):S151– S156. [PubMed] [Google Scholar].
- Basso FG, Oliveira CF, Kurachi C, Hebling J, Costa CA. Biostimulatory effect of low-level laser therapy on keratinocytes in vitro. Lasers Med Sci. 2013;28(2):367–374. [PubMed] [Google Scholar].
- Szymanska J, Goralczyk K, Klawe JJ, Lukowicz M, Michalska M, et al. Phototherapy with low-level laser influences the proliferation of endothelial cells and vascular endothelial growth factor and transforming growth factor-beta secretion. J PhysiolPharmacol. 2013;64(3):387–391.
- 12. Moore P, Ridgway TD, Higbee RG, Howard EW, Lucroy MD. Effect of wavelength on lowintensity laser irradiation-stimulated cell proliferation in vitro. Lasers Surg Med. 2005;36(1):8.
- Agaiby AD, Ghali LR, Wilson R, Dyson M. Laser modulation of angiogenic factor production by Tlymphocytes. Lasers Surg Med. 2000;26(4):357– 363
- 14. Stadler I, Evans R, Kolb B, Naim JO, Narayan V, et al. In vitro effects of low-level laser irradiation at 660 nm on peripheral blood lymphocytes. Lasers Surg Med. 2000;27(3):255–256.
- Saygun I, Nizam N, Ural AU, Serdar MA, Avcu F, et al. Low-level laser irradiation affects the release of basic fibroblast growth factor (bFGF), insulinlike growth factor-I (IGF-I), and receptor of IGF-I (IGFBP3) from osteoblasts. Photomed Laser Surg. 2012;30(3):149–154.
- 16. Esmaeelinejad M, Bayat M. Effect of low-level laser therapy on the release of interleukin-6 and basic fibroblast growth factor from cultured human skin fibroblasts in normal and high glucose mediums. J Cosmet Laser Ther. 2013;15(6):310–317.
- de Sousa AP, Paraguassú GM, Silveira NT, de Souza J, Cangussú MC, et al. Laser and LED phototherapies on angiogenesis. Lasers Med Sci. 2013;28(3):981–987.
- Chen CH, Tsai JL, Wang YH, Lee CL, Chen JK, et al. Low-level laser irradiation promotes cell proliferation and mRNA expression of type I collagen and decorin in porcine Achilles tendon fibroblasts in vitro. J Orthop Res. 2009;27(5):646– 650.