

## An 84-year old lady with complex lower limb lymphoedema and wounds – a case study

**Authors:** Susan Witt, Research Assistant and Lymphoedema Therapist/Occupational Therapist, Földi Clinic, [susan.witt@flinders.edu.au](mailto:susan.witt@flinders.edu.au); Susan is representing the team at the Földi Clinic who have been involved in the care of this patient. This includes: Prof. Dr med. Thomas Dieterle, Chief Medical Officer; Dr Dine Bebett, Treating Doctor; Ms Peggy Völke, Specialist Lymphoedema Wound Nurse Manager; Mr Andreas Nunning, Treating Lymphoedema Therapist; The therapy team including nutrition, sport/movement and psychology

**Background:** Hilda is an 84-year old lady who was admitted to the Földi Clinic in February 2023 for treatment of lymphedema associated with persistent lymphorrhoea. She is also known for pyoderma gangrenosum. Hilda was first diagnosed with lower leg lymphoedema in 1974. She had no significant complications until she underwent a left total hip replacement in 2007 following necrosis of the femoral head. Following surgery, she developed venous ulcers with persistent lymphorrhoea in her left leg which eventually healed under compression therapy and wound care. In 2017 she underwent right total knee replacement, also for necrosis of the joint, and experienced similar episodes of lymphorrhoea, this time in her right lower leg. Again, it was possible to control the symptoms with compression therapy and specialized wound care. In 2021, following a camping trip, she had cellulitis which led to non-healing venous leg ulcers on both lower legs with persistent lymphorrhoea. Hilda is a retired General Practitioner and lives in Dresden, Germany. She is well supported by her two daughters, 5 grandchildren and 2 great grandchildren.

**Assessment:** Hilda was admitted to the Földi Clinic in Germany in February 2023 for treatment of lymphedema and wound care. Daily wound care delivered concurrently with daily manual lymphatic drainage were initiated. With this treatment approach together with adequate compression therapy using bandaging, lymphorrhoea was reduced significantly, enabling the dressings to remain dry and intact and resulting in higher wound healing capabilities.

**Treatment plan:** The wounds, being colonized with pseudomonas, were treated with local disinfecting measures, plasmaderm treatments, and wound dressings containing silver to reduce bacterial growth. Further diagnostic procedures including vascular ultrasound and a dermatology exam including skin biopsy did not reveal confounding causes for ulcer formation. These measures together with consequent intensive lymphatic drainage and adequate compression therapy resulted in a slow but steady improvement of signs and symptoms.

**Conclusion:** The complex medical history and ongoing lymphorrhoea, in conjunction with reduced mobility, presented significant challenges for management and wound healing. Through intensive wound management, compression therapy, manual lymphatic drainage and movement therapy, she has seen significant improvement. This case presents an excellent opportunity to highlight the importance of a multi-disciplinary approach to treatment, in conjunction with the essential understanding of lymphoedema and its multi-causal, multi-factorial presentation.