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Lymphedema in a Hypertrophic Scar: Treatment with Fractional CO₂ Laser

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The Case:

The patient is a 34 year old burn survivor of 23 years (48% TBSA 1992 at age 11 from flame) with severe hypertrophic scarring on both lower extremities who developed severe lymphedema in the right ankle with chronic injuries and open wounds over the past 10 years. He has had several surgical intervention attempts with contracture releases and grafting in the past. He continued with frequent episodes of cellulitis due to micro-injuries on base of the significant lymphedema with fibrosis. (Figures 1 and 2)

Before

Figure 1.



Figure 2.



The Treatment:

- Fractional CO₂ laser treatment was initiated in order to soften the scar and thereby decrease the injury propensity.
- Treatment was applied with a fractional CO₂ laser (eCO₂™, Lutronic®) at 3-4mm depth, 9% density, 6-8 weeks between each treatment.

Immediately After Treatment

Figure 3.



Figure 4a.



Figure 4b.



Results:

Immediately after the treatments diffuse weeping of lymphedema fluid was noted (see Figures 3,4a, 4b). The weeping subsided 3-5 days after each treatment. Treatments were spaced 6-8 weeks apart. After 3 treatments, significant softening of the entire area was noted. In addition, the total circumference of the ankle decreased by 2cm without additional lymphedema therapy. The patient noted significant reduction in micro-injuries and time with open wounds in the area. (Figures 5,6,7)

3 Months After Treatment

Figure 5.



Figure 6.



Figure 7.



Discussion:

There is no report in the literature about fractional CO₂ laser treatment of lymphedema or lymphedema caused by scarring. Total ablation with a CO₂ laser of post-radiation and oncologic surgery lymphedema of the vulva is currently published in the Oncol Letters 2015 April edition, available as Epublication, by Sopracordevole et al. as a last resort treatment (1). Fractional CO₂ laser treatment may be a promising tool to treat chronic lymphatic stasis disease with fibrotic changes by softening of the fibrosis (2) and immediate drainage of the edema fluid through the surface of the scar and may decrease the injury propensity of the affected limb, especially when the lower extremities are involved. Further and formal study is warranted.

References:

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