Letter to the Editor

When monitoring the evolution of lymphedema in obese patients using bioimpedance, the authors detected a well-defined clinical progression, which they classified into four clinical stages ranging from subclinical lymphedema to clinical systemic lymphedema meeting bioimpedance criteria. Clinical systemic lymphedema evaluated using bioimpedance is determined only when it involves the entire body.

Obesity is currently one of the biggest challenges to medicine and causes a set of clinical problems, including altered permeability, the inflammatory process and changes in the lymphatic system. Moreover, studies have associated obesity with both upper and lower limb lymphedema.

During routine electrical bioimpedance analyses, Godoy & Godoy recently identified an important change in the quantity of intracellular and extracellular liquid as well as liquid in the limbs and trunk, but without meeting bioimpedance criteria for clinical lymphedema, which the authors denominated subclinical systemic lymphedema. When monitoring the evolution of lymphedema in obese patients using bioimpedance, the authors detected a well-defined clinical progression, which they classified into four clinical stages ranging from subclinical lymphedema to clinical systemic lymphedema meeting bioimpedance criteria.

Clinical lymphedema caused by obesity and diagnosed by bioimpedance undergoes four well-defined clinical stages during its evolution, independently of the body mass index (BMI). In stage I, subclinical systemic lymphedema is detected based on increases in intracellular and extracellular body water and water in all limbs and trunk without meeting the bioimpedance criteria for clinical lymphedema [Table 1]. In stage II, subclinical systemic lymphedema is detected, along with clinical lymphedema diagnosed by bioimpedance in only the lower limbs [Table 2]. In stage III, the patient has systemic lymphedema along with clinical edema of the lower limbs and trunk [Table 3]. In stage IV, generalized clinical edema is detected in all limbs and the trunk [Table 4], which is clearly diagnosed using bioimpedance.

Clinical considerations should be made for a precise diagnosis and subsequent treatment.

Clinical systemic lymphedema evaluated using bioimpedance is determined only when it involves the entire body. Another aspect to consider is that a higher BMI denotes a greater probability of developing clinical systemic lymphedema, but this condition can also be detected in individuals with a lower BMI. This paves the way for a new line of research to gain a better understanding of obesity and seek the resolution of this aspect.

### Table 1: Bioimpedance results of 44-year-old obese patient with subclinical systemic lymphedema (Stage I lymphedema caused by obesity).

<table>
<thead>
<tr>
<th></th>
<th>Value (ml)</th>
<th>Normal values (ml)</th>
<th>Total extracellular water/total body water ratio-values(ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total intracellular water</td>
<td>34.2</td>
<td>18.1 to 22.3</td>
<td></td>
</tr>
<tr>
<td>Total extracellular water</td>
<td>22.3</td>
<td>10.9 to 13.3</td>
<td></td>
</tr>
<tr>
<td>Total extracellular water/total body water ratio</td>
<td>0.393</td>
<td>0.36 to 0.39</td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td>51.1</td>
<td>18.5 to 25.0</td>
<td>0.376 limit (0.36-0.39)</td>
</tr>
<tr>
<td>Right arm</td>
<td>3.19</td>
<td>1.45 to 1.77</td>
<td>0.386 limit (0.36-0.39)</td>
</tr>
<tr>
<td>Left arm</td>
<td>3.20</td>
<td>1.45 to 1.77</td>
<td>0.379 limit (0.36-0.39)</td>
</tr>
<tr>
<td>Trunk</td>
<td>24.1</td>
<td>1.36 to 17.1</td>
<td>0.388 limit (0.36-0.39)</td>
</tr>
<tr>
<td>Right leg</td>
<td>6.80</td>
<td>4.40 to 5.61</td>
<td>0.378 limit (0.36-0.39)</td>
</tr>
<tr>
<td>Left leg</td>
<td>6.89</td>
<td>4.40 to 5.61</td>
<td></td>
</tr>
</tbody>
</table>

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Lymphedema caused by Obesity: Bioimpedance Analysis

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Conflict of Interest
The authors disclose that they have no conflicts of interest.

References