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Correspondence and communications

Letter to the Editor Regarding: "Prevalence of contralateral lymphatic drainage patterns during sentinel lymph node biopsy for truncal melanoma: A retrospective, observational study"

Dear Editor,

We read the article "Prevalence of Contralateral Lymphatic Drainage Patterns During Sentinel Lymph Node Biopsy for Truncal Melanoma: A Retrospective, Observational Study" by Chowdhury et al.[1] with profound interest and admiration. The authors compiled data from 1308 consecutive patients and found that 1.1% exhibited contralateral sentinel lymph node (SLN) drainage. Notably, 21.4% of this subgroup experienced melanoma recurrence during follow-up. Given the rarity of contralateral SLN involvement, this study makes a valuable contribution by emphasizing the need for tailored surveillance strategies to monitor disease progression and detect recurrence in these patients.

In our own clinical practice, we have observed that when the ipsilateral lymphatic pathways are obstructed at the proximal part, for example by lymph node dissection, the ipsilateral lymphatic vessels become dilated due to increased intraluminal pressure and thus, lymphatic flow may be diverted toward the contralateral side. Recognizing these patterns is critical for accurate lymphatic mapping and informed surgical planning.

To address this, we recommend that the authors use lymphatic ultrasound to evaluate patency or obstruction of lymph vessels towards the sentinel lymph node. As previously reported, the collecting lymph vessels can be directly visualized on high frequency or ultra-high frequency ultrasound, that cannot be visualized on indocyanine green lymphography, the seemingly best modality for superficial lymphatic imaging.[2–5] Specifically, when lymphatic obstruction is suspected on the ipsilateral side, we assess for signs of lymphatic vessel dilation in this side. This technique may offer valuable insights into altered lymphatic drainage and assist in identifying atypical SLN locations, including contralateral nodes. Incorporating the ultrasound into preoperative evaluation may therefore enhance the precision of SLN localization and improve overall patients.

In summary, we commend the authors for highlighting the significance of contralateral sentinel lymph node drainage in truncal melanoma. We hope this letter supports their findings and encourages further discussion on the potential role of ultrasound imaging in preoperative lymphatic assessment and surgical planning.

Ethical approval

Not required.

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Conflicts of interest

None declared.

References

1. Chowdhury M, Walukiewicz J, Gajanan K. Prevalence of contralateral lymphatic drainage patterns during sentinel lymph node biopsy for truncal melanoma: a retrospective, observational study. *J Plast Reconstr Aesthet Surg* 2025;**105**:131–5.
2. Hayashi A, Yamamoto T, Yoshimatsu H, et al. Ultrasound visualization of the lymphatic vessels in the lower leg. *Microsurgery* 2016;**36**(5):397–401.
3. Yamamoto T, Yamamoto N, Doi K, et al. Indocyanine green (ICG)-enhanced lymphography for upper extremity lymphedema: a novel severity staging system using dermal backflow (DB) patterns. *Plast Reconstr Surg* 2011;**128**(4):941–7.
4. Yamamoto T, Yamamoto N. Indocyanine green lymphography for evaluation of breast lymphedema secondary to breast cancer treatments. *J Reconstr Microsurg* 2022 Oct;**38**(8):630–6.

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5. Yamamoto T, Yamamoto N, Kageyama T, et al. Technical pearls in lymphatic supermicrosurgery. *Glob Health Med* 2020;**2**(1):29–32.

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