Direct intranodal lipiodol injection for management of lymphocele in kidney transplant recipient

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Background: Lymphocele developed after kidney transplantation is benign in most patients but sometimes needs fenestration surgery in uncontrolled cases. We managed a lymphocele with simple intervention and report the results.

Methods: Sixty-seven years-old man underwent deceased donor kidney transplantation. He had diabetes, atrial flutter, hypothyroidism and was obese (body mass index, 34.7 kg/m²). Large amount of lymphatics was drained through the Jackson-Pratt catheter about 400–800 mL/day and he kept catheter at discharge (postoperative day [POD] 19). Two days later, he revisited hospital for catheter site oozing and we tried to induce peri-graft adhesion by injection of *Viscum album* through the catheter. However, the amount of drainage was not reduced and 400–700 mL/day was drainage. At POD 36, we punctured right inguinal lymph node directly under sono-guidance and did lymphangiography and found contrast leakage at iliac lymphatic vessels. We injected 5 mL of lipiodol very slowly over 5 minutes.

Results: The amount of drainage was decreased remarkably under 100 mL/day and drainage catheter was removed. Sixteen days later, moderate amount of lymphocele (6×10 cm sized) was found on follow-up computed tomography and we inserted percutaneous drainage and 360 mL of lymphatics was drained. Three days later, we performed sclerotherapy using alcohol and he was discharged without drainage.

Conclusions: Direct intranodal lipiodol injection is simple and safe method to reduce the amount of lymphatic drainage. It may need additional sclerotherapy or percutaneous drainage, but useful method before considering surgery in uncontrolled lymphocele patients.

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