

ROLE OF SELENIUM IN THE TREATMENT OF SECONDARY LYMPHEDEMA IN BREAST CANCER PATIENTS

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ABSTRACT

Secondary lymphedema manifests as a common complication that occurs after treatment for breast cancer and may lead to great impairment in quality of life among patients. Increasing emerging evidence suggests that the pathogenesis of this condition predominantly relies on oxidative stress and persistent inflammation. Curiously enough, the fact that selenium-however, bitter using considerations of public attention due to its uttermost antioxidant and immunomodulatory property, may warrant interest as a potential candidate therapeutic to manage lymphedema. Therefore, this review discusses the possible biological mechanisms by which selenium has ameliorated lymphatic dysfunction in various respects such as prevention from oxidative damage, modulation of inflammatory responses, and prevention from tissue fibrosis. We would summarize essential clinical studies that have trialed the application of selenium supplementation in breast cancer-related lymphedema, provide an appraisal of optimal dosing strategies, and emphasize safety issues. Preliminary findings are indeed very promising, but certain limitations, like small sample sizes and inconsistent methodologies, warrant further research. Integrating selenium within the context of a multimodal management strategy may add another novel adjunctive mode of enhancement toward bettering outcomes in breast cancer survivors with lymphedema.

KEYWORDS: Secondary lymphedema, Breast cancer survivors, Selenium supplementation, Oxidative stress, Inflammation, Antioxidant therapy.

INTRODUCTION

Breast Cancer is one of the common types of cancers, which tends to affect the cellular growth in the breasts of an individual. It mainly develops from the lining of ducts which drains milk from lobular carcinoma to those lobules that supply the ducts with milk (lobular carcinoma). It occurs in both women and men, although it tends to occur most commonly among women. Breast cancer may present with a lump in the breast, breast shape change, dimpling of the skin, fluid from the nipple, or red or scaly patches on the skin. Early detection effective with breast cancer screening tests such as mammography can improve survival chances significantly. It is classified under hormone receptor status (estrogen, progesterone, HER2)-staging and genetic markers for the purpose of determining treatment options such as surgery, chemotherapy, radiation, hormone therapy, and targeted therapy.^[1,2]

SECONDARY LYMPHEDEMA

Secondary lymphedema is a state of irreversible accumulation of protein-rich lymph fluid in the tissues, largely associated with blockage or damage to the lymphatic system. When regarded as a complication of cancer treatment, secondary lymphedema most commonly occurs in breast cancer patients who have undergone lymph node dissection or radiation. Physiologically, the limbs and upper body undergo swelling, discomfort, reduced mobility, and an increased risk of infections. Early detection and intervention are crucial for the prevention of chronic. Management of secondary lymphedema can also be in a multidisciplinary context: this generally encompasses physical therapy, compression, skincare, and at times, nutritional, or surgical interventions.^[3]

MECHANISM OF LYMPHEDEMA

Lymphedema is a disease characterized by a nodal swelling that causes an abnormal accumulation of lymph fluid containing protein in the interstitial space resulting from ineffective drainage from the lymphatic system. The pathogenesis of lymphedema is initiated by discontinuity or blockage within the lymphatic system that is responsible for maintaining fluid balance and immune function. In secondary lymphedema, surgical operations performed for cancer treatments such as radical lymph node dissection or radiation therapy, which is frequently performed for breast cancer, compromise its lymphatic network and this consequently damage or destroy lymphatic vessels and lymph nodes that prevent lymphatic drainage of interstitial fluid.^[4]

Therefore, the locus of swelling will be in the injured tissue or tissue that has sustained injury and fluid is leaking into the affected tissue. This hyperosmolar liquid from the damaged tissues that seeped in also has considerable amounts of proteins which set up an osmotic pressure gradient and further the swelling. These will be some mediators of inflammation involved in the tissue: -cytokines and growth factors- and they play a role in inducing fibrosis (thickening of the tissues) and stiffness in the region).

Finally, the accumulation of fluid, together with an ongoing state of inflammation, would further aggravate lymphatic function as well as tissue damage. The chronic nature of lymphedema leads to the gradual changes in the condition observable over time, the manifestations of which are aggravated by processes of tissue change, fibrosis, and fat deposition that create limb volume increments and functional impairments.^[5]

SECONDARY LYMPHEDEMA IN BREAST CANCER

Secondary lymphedema is a chronic disease most frequently seen in breast cancer patients and appears mainly after treatment of breast cancer, especially surgery, axillary lymph node dissection, and radiation therapy. In this condition,

the lymphatic system, which drains excess fluids from tissues, gets impaired due to treatment-related damage. In breast cancer survivors, the most affected areas are typically the arm, chest, and breast regions; with that, there is swelling, pain, and in extreme cases, loss of function. Lymphedema can occur immediately after treatment or develop several months or even years later. Early detection and subsequent intervention to ensure management of lymphedema preventing further complication could be vital in improving the patient's quality of life.^[6,7]

EPIDEMIOLOGY

Lymphedema that is secondary in nature is a problem that most survivors face after undergoing breast cancer treatment, which ranges from 20-40% of patients undergoing surgery like ALND and radiation therapy. The risk factors that increase the susceptibility to this condition include the amount of lymph node removal, radiation, and obesity. Symptoms of lymphedema include swelling, pain, and restricted mobility which cause severe decline in the quality of life. Although severity may be reduced through early detection and prompt management, many individuals will continue to experience chronic symptoms. Timely interventions and increased awareness are critical to improving patient outcomes, preventing progression, and reducing the physical and psychological burden of this condition.^[8]

RISK FACTORS^[11,12]

RISK FACTORS FOR LYMPHEDEMA

SURGICAL RISK FACTORS

- Axillary lymph node dissection (ALND)
- Sentinel lymph node biopsy (SLNB)
- Extent of breast surgery
- Repeat surgeries

RADIATION THERAPY

- Radiotherapy to axillary, supraclavicular, or chest wall areas
- Higher radiation doses

CANCER TREATMENT FACTORS

- Chemotherapy, especially taxane-based regimens
- Combination of surgery and radiotherapy

PATIENT-RELATED RISK FACTORS

- High body mass index (BMI) / Obesity • Age
- Ethnicity
- Genetic predispositions

POST-TREATMENT COMPLICATIONS

- Infection (e.g. cellulitis, erysipelas)
- Seroma formation
- Hematoma

TRAUMA TO THE AFFECTED LIMB

- Injury, burns, cuts, or insect bites
- Excessive limb use without protection
- LACK OF PREVENTIVE CARE • Sedentary lifestyle
- Do use of compression • Prolonged air travel

CURRENT MANAGEMENT STRATEGIES FOR SECONDARY LYMPHEDEMA

Compression Therapy

Compression garments like sleeves or stockings are utilized to manage lymphedema secondary to other illnesses or problems. Compression garments are believed to cause reduction swelling with the application of controlled pressure over affected areas: the drainage of lymphatic fluid will occur in response to this control pressure. It facilitates the gradual increase of pressure according to the increment from distal to proximal areas of the limb to motivate fluid movement and decrease swelling.

Manual Lymphatic Drainage (MLD)

A qualified therapist applies gentle rhythmic pressure to direct the lymphatic fluid from a drainage area into functional nodes to stimulate lymphatic flow. This specialized type of massage is manual lymphatic drainage therapy. MLD is usually combined with other therapies as they help to improve lymph drainage and swelling reduction.^[13,14]

Exercise and Physical Therapy

Regular aerobic and resistance workouts help improve lymph circulation and reduce fluid retention. Swimming, walking, or stretching would generally help drain the stagnant fluids and improve other treatment responses. Physical therapy would involve some specific techniques to promote limb mobility and function.

Skin Care

In lymphedema management, skin care is necessary to reduce the risk of infections like cellulitis, which can increase swelling. Regularly applying a moisturizer helps to prevent skin from becoming dry and cracked and thereby reduces the risk of infection. Patients should also take precautions to avoid cutting, insect bites, or any form of skin trauma that might complicate their situation.

Lymphedema Pumps

Pneumatic compression devices, or lymphedema pumps, are used in some cases to manage swelling. These devices consist of a sleeve that inflates and deflates in a sequential pattern, mimicking the natural flow of lymph fluid. This treatment is typically used for patients who cannot tolerate manual lymphatic drainage or require additional support.

Surgical Interventions

Severe cases of chronic lymphedema with failure of conservative treatment may be considered for surgery. Restoration of lymphatic flow is achieved by lymphovenous anastomosis (the connection of lymphatic vessels to veins) and lymph node transplant procedures. In general, surgery is postponed until such time as all other modes of treatment have failed.^[15,16]

Pharmacological Treatments

No specific medications are approved to be used in the management of lymphedema, but some may be helpful for alleviating symptoms or treating contributing conditions. Among these drugs are some diuretics that may occasionally assist in fluid retention; however, they are generally considered inappropriate for management of lymphedema in the long term. Pain control using analgesics and/or anti-inflammatory drugs is equally important.

Patient Education and Lifestyle Modifications

Patient education regarding lifestyle changes such as having a healthy weight, avoiding non-relieving heat or trauma to

the affected area, and elevating an appendage in cases of lymphedema is very important. Lifestyle modification may prevent the swelling from getting worse and lessen recurrences. Early treatment and self-management-goals are necessary for a successful long-term outcome.

Psychological Support

Because secondary lymphedema is a chronic condition, this patient will need psychological support. Counseling, support groups, and therapy will help patients deal with the emotional aspects of living with lymphedema. Support for the mental health of lymphedema is therefore necessary to allow better quality of life and adherence to treatment.

Dietary and Nutritional Support

Nothing specific in the diet is said to cure lymphedema, but a healthy diet is helpful for general health and may reduce swelling. Avoiding excessive salt, drinking enough fluids, and eating anti-inflammatory foods may help. Consulting with a nutritionist to receive personalized nutrition recommendations to assist with lymphedema and its aggravation is wise.^[17]

IMPORTANCE OF MICRONUTRIENTS IN CANCER CARE

In the overall management of cancer patients, micronutrients are critical to the functioning of the immune system; they can maximize treatment effectiveness and even help to improve the quality of life of patients. Micronutrients cannot, however, cure cancer. They play a very important role in good health and recovery from the possible side effects of treatments in cancer patients. Some of the important micronutrient functions in cancer management include:

Immune System Support

Vitamin C, Vitamin D, Zinc, selenium that are micronutrients are required to keep the immune system intact. Cancer treatments such as chemotherapy and radiation weaken the immune system so that patients become susceptible to infection. These micronutrients in an appropriate amount can activate the immune defense to decrease the risk of infection while undergoing the treatment.

Antioxidant Properties

Micronutrients such as vitamins C and E, selenium and beta-carotene function as antioxidants. These compounds can theoretically act against healthy cells as they neutralize harmful free radicals produced during cancer and its treatment. As a result, damage due to oxidative stress can be reduced within the tissues. This is important for not just preventing cancer progression but also for lading the treatment effects.^[18,19]

Cellular Repair and Regeneration

For cellular repair and regeneration, micronutrients like vitamin A, zinc, and folate are highly important, particularly during cancer treatment. This is because the healthy cells become damages due to the action of either chemotherapy or radiation therapy; hence, on one hand, proper intake of the above-mentioned nutrients aids healing while on the other hand, the time taken to heal is reduced

Efficacy of Cancer Treatments

Indeed, a few micronutrients have been shown to modulate the efficacy of cancer therapy. For instance, studies have been done to show how vitamin D can enhance the potency of the chemotherapy and radiation therapy regimens. Folate is essential in the synthesis and repair of DNA, which is necessary for the efficient action of treatment.

Management of Side Effects

The discomforting side effects associated with cancer treatment, including nausea, fatigue, and muscle weakness, can take a toll on the reconstruction of a patient. Different micronutrients are known to assist in alleviating these symptoms: vitamin B12, magnesium, and potassium. An example is that vitamin B12 is required for energy metabolism and magnesium also helps in cramps due to chemotherapy.

Support for Bone Health

Many cancer treatments, particularly hormonal therapies, can lead to bone loss and increase the risk of fractures. Micronutrients such as calcium and vitamin D are essential for maintaining bone density and strength, making them critical for patients undergoing cancer treatments that affect bone health.

Quality of Life

Micronutrients are important not just for physical health but for overall health. Balanced diets rich in nutrients have also been shown to improve energy, mood, and cognitive function, thereby enhancing the quality of life among cancer patients. Often, psychological well-being is further improved by a feeling of physical strength or capacity to cope with treatment side effects.^[20,21]

INTRODUCTION TO SELENIUM

Selenium is an essential trace mineral that can be important for humans even in small quantities. Certain foods contain selenium in their natural forms, and their bioavailability would essentially depend on the selenium content of the soils where the foods are grown. Selenium plays an important role in a number of biological processes, such as wherein it is known to be involved in antioxidant defenses, immunity, and metabolism of thyroid hormones.^[22]

GENERAL PROPERTIES OF SELENIUM AS AN ESSENTIAL MICRONUTRIENT

Chemical Nature

Selenium, being a non-metallic element, occurs naturally in the form of selenide (Se^{2-}) or selenate (SeO_4^{2-}), as it occupies the place immediately below sulfur in the periodic table and hence behaves chemically like sulfur in some reactions, substituting therewith.

Sources

Selenium-rich foods include Brazil nuts, seafood, meat, poultry, eggs, and whole grains. Plants synthesize selenium depending on soil selenium concentration. Areas with selenium-rich soils tend to have more selenium-containing foods.

Absorption and Bioavailability

Selenium is absorbed in the intestine and incorporated into proteins as selenoproteins. From food, bioavailability may differ based on the selenium type working on the organic vs. inorganic compound basis and the entire nutrient composition of the diet.^[23,24]

BIOLOGICAL ROLE OF SELENIUM

Selenoproteins and Enzyme Function

Selenium is a major constituent of selenoproteins, which are enzymes having essential functions in the body. The most accepted selenoproteins are glutathione peroxidases (GPx) and thioredoxin reductases (TrxR). They protect the cells from oxidative damage caused by excess reactive oxygen species (ROS) and support the maintenance of redox balance.

Thyroid Function

It plays an important role in the metabolism of thyroid hormones. It works as a cofactor to the enzymes that convert thyroxine (T₄) into the active form of the hormone: triiodothyronine (T₃). This conversion is fundamental to the metabolic regulation and energy balance of the body.

Immune Function

Selenium is essential for the proper functioning of the immune system. It influences immune cells, including T-cells and macrophages. It has been observed that adequate selenium intake always leads to improved immune responses, whereas deficiency would lead to weakened immunity and susceptibility to infections.^[25,26]

ANTIOXIDANT PROPERTIES OF SELENIUM**Glutathione Peroxidase**

The most important selenium-dependent antioxidant enzyme is glutathione peroxidase (GPx); it protects cells from oxidative damage caused by hydrogen peroxide as well as lipid peroxides. GPx is involved in protecting cellular compartments such as membranes and proteins against oxidative stress, involved in aging, cancer, cardiovascular diseases, and chronic conditions.

Prevention of Oxidative Damage

The oxidative damage is highly contributory to several disease processes like cancer and cardiovascular diseases due to oxidative stress. Selenium antioxidant maintains such damage and in turn protects from oxidant effects on cells and tissues.

Reduction of Inflammation

The antioxidant action of selenium can also act in pathways that regulate inflammation. It modulates the immune response while decreasing chronic inflammation commonly associated with many diseases, including cancer. With its antioxidant property, selenium can reduce levels of inflammatory cytokines and alleviate tissue injury caused by chronic inflammation.^[27]

Cancer Prevention

Selenium has been investigated in cancer prevention potential. Given its antioxidant properties, selenium may prevent oxidative DNA damage, which is an established mechanism of cancer development. Selenium has also been proposed to enhance the efficacy of certain chemotherapeutics while protecting normal cells from radiation damage.

HEALTH IMPACTS OF SELENIUM DEFICIENCY

In general, selenium deficiency is quite common in developed countries, but such case scenarios are not rare. Severe health effects will be the result. Selenium is one of the essential micronutrients and contributes to many functions as part of physiologic processes. The most prominent of these are antioxidant defenses, immune system support, and metabolism of thyroid hormones. When selenium is deficient, these functions are impaired, resulting in a series of health consequences.

Impaired Immune Function

Supplementation or enrichment of metabolic selenium in the body plays a key role in immune system bridging optimum functioning. The deficiency of selenium causes a reduced immune response in the body whereby individuals

are highly infected and affected by diseases. In addition to that, it has also been noted that increased cases of viral infections, especially flu and some pneumonia types, are associated with selenium deficiency.

Increased Oxidative Stress

Selenium forms an indispensable part of important antioxidant enzymes such as glutathione peroxidase, which kills the free radicals in the body. Deficiency results in reduced antioxidant enzyme activity leading to increased oxidative stress and is hence a cause of damage to cells and aging, apart from increased susceptibility to chronic diseases such as cardiovascular disease and cancer.^[28,29]

Thyroid Dysfunction

The selenium-dependent process of converting thyroxine into triiodothyronine, the active form of the thyroid hormone, is almost always impaired in conditions of selenium deficiency, resulting in some degree of thyroid dysfunction, fatigue, depression, and a sense of isolation. However, when one suffers a severe deficiency, hypothyroidism may develop, a condition that is associated with the thyroid gland's failure to secrete enough hormones to maintain the body's metabolism.

Keshan Disease

Keshan disease is a cardiac disease attributed to selenium deficiency and is more prevalent in regions of selenium-deficient soil. The disease is characterized by heart muscle damage that leads to cardiomyopathy (heart failure). Unless treated, this condition can result in death.

Cretinism and Impaired Growth

As an important factor for development in the fetus, selenium deficiency can affect fetal development, directly linked to cretinism with stunted physical and mental growth. Children born to mothers who had selenium deficiency in pregnancy may also have impaired immune function and therefore enhanced chances to contract infections.

Cancer Risk

It has been proposed that selenium deficiency might predispose an individual to certain neoplasms and, especially, neoplasms caused by oxidative injury, like prostate, lung and colorectal cancer. Selenium functions in the processes of antioxidant defense and auto-apoptosis regulation, which might prove useful in decreasing proliferation in these cancer cells.^[30,31]

Muscle Weakness and Myopathy

Selenium deficiency causes weakness in muscles associated with myopathy or muscle disease such as selenoprotein N-related myopathy. This causes pain and weakness in the muscles, with severe muscle wasting in certain cases. In addition to this, the above mentioned condition is also known to interfere with the repair of muscles after injury or stressful activity.

Reproductive Health Issues

Selenium deficiency is detrimental to reproduction, especially in men. It is involved in sperm motility and function, and deficiency could be responsible for a reduction in sperm count or infertility. Women may hence experience menstrual irregularities and other reproductive problems due to impaired thyroid functions.

ROLE OF SELENIUM IN LYMPHEDEMA

Reduction of Oxidative Stress

Selenoproteins are functional in antioxidant defense, such as GPx, which selenium enhances. By neutralizing ROS, the level of oxidative damage to the lymphatic endothelial cells and other structural compositions is reduced, which protects the integrity of the lymphatic vessels. This is thought to cause prevention from further lymphatic dysfunction and fluid accumulation, the two major pathophysiological causes of lymphedema.

Modulation of Inflammatory Cytokines

Research has shown that selenium can lower pro-inflammatory cytokines, which are often elevated in lymphedema, such as TNF- α and IL-6. Selenium inhibits the activity of such destructive inflammatory mediators in order to suppress the inflammatory response to minimize tissue damage and fibrosis and is thus very important in controlling the swelling and pain related to the lymphedema.^[32,33]

Enhancement of Lymphatic Function

Selenium's anti-inflammatory and antioxidant behavior might also aid lymphatic function. Selenium reduces oxidative stress and inflammation, thus maintaining the general health of lymphatic vessels to drain fluids better, thereby decreasing the degree of swelling and enhancing the quality of life for a patient.

Protecting Vascular Endothelium

Selenium acts as an antioxidant in the vascular endothelium, as it is a strategic measure in maintaining the blood vessel and lymphatic channel integrity. Oxidative stress can damage the endothelial cells, resulting in vascular leakiness, a condition of edema, and exacerbation of lymphedema. Selenium prevents the endothelium from being damaged by oxidation and, thus, facilitates the proper functioning of both the blood and lymphatic vessels.^[34,35]

Potential Therapeutic Implications

Selenium holds promise as one of the prospective therapeutic agents for the management of lymphedema, as it also diminishes oxidative stress and inflammation in cells. It may have prospective applications related to selenium supplementation for different oxidative stresses and inflammatory states, but its specific application to lymphedema is still under investigation. Clinical studies proposed that it should be combined with other treatments such as compression therapy or exercise to improve management of lymphedema in terms of drainage of lymph and reducing edema.

SELENIUM SUPPLEMENTATION: DOSAGE AND ADMINISTRATION

Selenium suppletion is often an option where food inadequacy occurs or when there is an individual requirement for steps to fit its antioxidant and anti-inflammatory properties, such as in managing secondary lymphedema or reduction of oxidative stress and inflammation. Appropriate dosage, form of administration, and awareness of possible safety issues may be the decisive factors in assuring effective and safe utilization of selenium supplements.

Recommended Dietary Allowance (RDA)

Adults (19 years and above): 55 micrograms (mcg) of vitamin intake daily

Pregnant women: 60 mcg a day, Lactating women: 70 mcg a day Children:

Recommended intake for children differentiates per age, as it ranges from 20 mcg/day (1-3 years) to 40 mcg/day (9-13

years).^[36,37]

Therapeutic Dosage for Specific Conditions

When selenium supplementation is used therapeutically such as in an oxidative stress and inflammatory condition seen with lymphedema, different dosages are used. Much clinical research measuring the effectiveness of selenium in reduction of inflammatory processes and improvement of defence systems showed amounts of between 100 and 200 mcg per day, yet higher doses may be indicated in some cases under professional supervision.

Administration

Selenium supplements are available in different modalities that include tablets, capsules, and liquids. As the usual or most common form of selenium found in supplements, most popular are selenium yeast and sodium selenite, although L-selenomethionine, considered an organic form, is said to be highly bioavailable and efficient in absorption.

Formulation

Different formulations are available in selenium supplements, including: Inorganic: sodium selenite and sodium selenate. L-selenomethionine (organic form and is preferred for better absorption)^[38,39]

Combination Supplements

Combination Supplements: E.g., vitamin E, vitamin C, zinc and other nutrients-the one-to-multivitamin supplement pairing selenium with antioxidant micronutrients. This combination generally suits patients with broader immune-support usage and protection from oxidative damage.

SAFETY PROFILE OF SELENIUM SUPPLEMENTATION

Selenium supplementation is safe at any intake up to the recommended daily intake levels of 55 mcg for adults. At high concentrations, however, it may result in a disorder called selenosis, which is caused by an overdose of selenium. Signs of selenosis consist of gastrointestinal symptoms (nausea, vomiting, diarrhea), hair loss, skin eruptions, tiredness, irritability, and even nerve damage accompanied by dysfunction of kidneys at an advanced stage. The Tolerable Upper Intake Level (UL) for selenium has been established to be 400 mcg/day for adults. High doses must not be used for prolonged periods, since chronic toxicity from selenium is associated with very serious health problems. Persons with thyroid conditions, pregnant and lactating women, and those recently given chemotherapy should take precautions since selenium may interfere with their medications or disrupt thyroid hormone metabolism. Keeping regular tabs on selenium levels is advisable for those taking higher-than-recommended doses. Acquire the services of a health care provider prior to supplement initiation to evade adverse effects and optimize health benefits. Above all, a regular assessment of selenium levels during supplementation in a larger-than-recommended dose is advisable to ensure safety.^[40,41,42]

CLINICAL APPLICATION OF SELENIUM IN MANAGING SECONDARY LYMPHEDEMA

A complication that often arises after breast cancer treatment is secondary lymphedema, caused by swelling due to an obstruction of lymph drainage. Selenium possesses potent antioxidant and anti-inflammatory properties and hence may help treat this condition. In lymphedema, the escalation of tissue damage and swelling occurs due to oxidative stress and inflammation. Selenium acts against these processes by scavenging free radicals, thus preventing tissue damage and promoting recovery of lymphatic function.

Selenium supplementation is found in various studies to possibly enhance the total antioxidant capacity of patients and down-regulate reactive oxygen-induced damage on affected tissues. These attributes lend themselves to superior management of the inflammation that aggravates lymphedema. In these respects, selenium could provide relief from swelling and soreness, thus improving life quality for such patients.

Additionally, selenium promotes immune function, which may protect against infections, and this is a major problem to lymphedema patients. Further note that the possible role of selenium in improving recovery after breast cancer treatments underscores its clinical relevance. However, its use is monitored by healthcare providers to ensure appropriate dosing and minimize risks for toxicity.^[43,44,45]

LIMITATIONS AND GAPS IN CURRENT RESEARCH ON SELENIUM AND SECONDARY LYMPHEDEMA

Lack of Large-Scale, Long-Term Studies: Most of the studies conducted on selenium and lymphedema have been small-scale as well as short-term in design. The need is therefore for larger, more comprehensive clinical trials to establish long-term benefits as well as optimal dosage and effectiveness of selenium supplementation in lymphedema management.

Heterogeneity of Patient Populations: Different studies are often characterized by a wide variation of patients. The patients varied in their stages of lymphedema when going into the studies, as well as their treatment history, thus not qualifying the results for generalization. Standardized criteria are much needed in the selection of patients for more consistent and reliable results.^[46]

Dosage and Formulation Variability: There is no consensus regarding the optimum dose and forms of selenium supplementation for effective management of lymphedema. Different studies have used various doses and formulations that might impede comparison of results. Research aimed at determining the right selenium dose and delivery method is warranted.

Lack of Comparative Studies: Very few studies exist to compare the effectiveness of supplementation with selenium with other conventional therapies for the secondary lymphedema, particularly compression therapy or physical therapy. Comparative studies would reveal whether selenium can fit into existing treatment strategies for secondary lymphedema or have additional benefits.^[47,48]

Safety Concerns and Toxicity: Selenium is considered safe, but toxicity can occur when supplemented in higher doses. More studies are warranted to evaluate the safety of chronic selenium supplementation in patients with lymphedema, especially coexisting conditions.

FUTURE DIRECTIONS IN SELENIUM RESEARCH FOR SECONDARY LYMPHEDEMA

Future investigation into selenium in the management of secondary lymphedema will instead have to rely on large, multi-centre clinical research to address its efficacy and dose. Such research would include understanding the long-term outcomes and safety associated with supplementation in different cohorts of patients at different stages of lymphedema development. Better clarity on the functional mechanisms with which selenium affects lymphatic function leading to an anti-inflammatory effect will justify the position of selenium as an adjunct. More comparative studies are expected to show the efficacy of selenium with other treatment modalities such as physical and compression therapies for

lymphedema management. Research should be done on the same synergistic action of selenium with other micronutrients and its importance in general patient outcomes as quality of life and symptomatology severity reduction. Lastly, safety studies at higher doses for certain populations will ensure that this supplementation can be utilized in clinical practice safely and effectively. Through such future directions, more personalized, evidence-based approaches will be adopted in the management of secondary lymphedema among breast cancer patients.^[49,50]

REFERENCES

1. Obeagu EI, Obeagu GU. Breast cancer: A review of risk factors and diagnosis. *Medicine (Baltimore)*, 2024 Jan 19; 103(3): e36905.
2. Łukasiewicz S, Czezelewski M, Forma A, Baj J, Sitarz R, Stanisławek A. Breast Cancer-Epidemiology, Risk Factors, Classification, Prognostic Markers, and Current Treatment Strategies-An Updated Review. *Cancers (Basel)*, 2021 Aug 25; 13(17): 4287.
3. Mukenge S, Negrini D, Alfieri O. Secondary Lymphedema: Clinical Interdisciplinary Tricks to Overcome an Intriguing Disease. *Biology (Basel)*, 2023 Apr 24; 12(5): 646.
4. Azhar SH, Lim HY, Tan BK, Angeli V. The Unresolved Pathophysiology of Lymphedema. *Front Physiol*, 2020 Mar 17; 11: 137.
5. Avraham T., Zampell J. C., Yan A., Elhadad S., Weitman E. S., Rockson S. G., et al., Th2 differentiation is necessary for soft tissue fibrosis and lymphatic dysfunction resulting from lymphedema. *FASEB J.*, 2013; 27: 1114–1126.
6. Fu MR. Breast cancer-related lymphedema: Symptoms, diagnosis, risk reduction, and management. *World J Clin Oncol.*, 2014 Aug 10; 5(3): 241-7.
7. Petrek JA, Senie RT, Peters M, Rosen PP. Lymphedema in a cohort of breast carcinoma survivors 20 years after diagnosis. *Cancer*, 2001; 92: 1368–1377.
8. Mak SS, Yeo W, Lee YM, Mo KF, Tse KY, Tse SM, Ho FP, Kwan WH. Predictors of lymphedema in patients with breast cancer undergoing axillary lymph node dissection in Hong Kong. *Nurs Res.*, 2008; 57: 416–425.
9. Lawenda BD, Mondry TE, Johnstone PA. Lymphedema: a primer on the identification and management of a chronic condition in oncologic treatment. *CA Cancer J Clin*, 2009; 59: 8–24.
10. Ugur S, Arıcı C, Yaprak M, Mesci A, Arıcı GA, Dolay K, Ozmen V. Risk factors of breast cancer-related lymphedema. *Lymphat Res Biol.*, 2013 Jun; 11(2): 72-5.
11. Petrek JA, Heelan MC. Incidence of breast carcinoma-related lymphedema. *Cancer*, 1998; 83: 2776–2781.
12. Vignes S, Arrault M, Dupuy A. Factors associated with increased breast cancer-related lymphedema volume. *Acta Oncologica*, 2007; 46: 1138–1142.
13. Cheifetz O, Haley L; Breast Cancer Action. Management of secondary lymphedema related to breast cancer. *Can Fam Physician*, 2010 Dec; 56(12): 1277-84.
14. Lasinski BB, McKillip Thrift K, Squire D, Austin MK, Smith KM, Wanchai A, Green JM, Stewart BR, Cormier JN, Armer JM. A systematic review of the evidence for complete decongestive therapy in the treatment of lymphedema from 2004 to 2011. *PM R.*, 2012; 4: 580–601.
15. Jayasree P. Diagnosis and management of secondary lymphedema. *J Skin Sex Transm Dis.*, 2021; 3(1): 16-25.
16. Ezzo J, Manheimer E, McNeely ML, Howell DM, Weiss R, Johansson KI, Bao T, Bily L, Tuppo CM, Williams AF, Karadibak D. Manual lymphatic drainage for lymphedema following breast cancer treatment. *Cochrane Database Syst Rev.*, 2015 May 21; 2015(5): CD003475.

17. Ogawa Y. Recent advances in medical treatment for lymphedema. *Ann Vasc Dis.*, 2012; 5(2): 139-44.
18. Gröber U, Holzhauer P, Kisters K, Holick MF, Adamietz IA. Micronutrients in Oncological Intervention. *Nutrients*, 2016 Mar 12; 8(3): 163.
19. Gröber U. Antioxidants and Other Micronutrients in Complementary Oncology. *Breast Care (Basel)*, 2009; 4(1): 13-20.
20. Inglis JE, Lin PJ, Kerns SL, Kleckner IR, Kleckner AS, Castillo DA, Mustian KM, Peppone LJ. Nutritional Interventions for Treating Cancer-Related Fatigue: A Qualitative Review. *Nutr Cancer*, 2019; 71(1): 21-40.
21. Muscaritoli M. The Impact of Nutrients on Mental Health and Well-Being: Insights From the Literature. *Front Nutr*, 2021 Mar 8; 8: 656290.
22. Zhang F, Li X, Wei Y. Selenium and Selenoproteins in Health. *Biomolecules*, 2023 May 8; 13(5): 799.
23. Schomburg L., Köhrle J. On the importance of selenium and iodine metabolism for thyroid hormone biosynthesis and human health. *Mol. Nutr. Food Res.*, 2008; 52: 1235–1246.
24. Kurokawa S, Berry MJ. Selenium. Role of the essential metalloid in health. *Met Ions Life Sci.*, 2013; 13: 499-534.
25. Hariharan S, Dharmaraj S. Selenium and selenoproteins: it's role in regulation of inflammation. *Inflammopharmacology*, 2020 Jun; 28(3): 667-695.
26. Ye R, Huang J, Wang Z, Chen Y, Dong Y. The Role and Mechanism of Essential Selenoproteins for Homeostasis. *Antioxidants*, 2022; 11(5): 973.
27. Zoidis E, Seremelis I, Kontopoulos N, Danezis GP. Selenium-Dependent Antioxidant Enzymes: Actions and Properties of Selenoproteins. *Antioxidants (Basel)*, 2018 May 14; 7(5): 66.
28. Huang Z, Rose AH, Hoffmann PR. The role of selenium in inflammation and immunity: from molecular mechanisms to therapeutic opportunities. *Antioxid Redox Signal*, 2012 Apr 1; 16(7): 705-43.
29. Sun Y, Wang Z, Gong P, Yao W, Ba Q, Wang H. Review on the health-promoting effect of adequate selenium status. *Front Nutr*, 2023 Mar 16; 10: 1136458.
30. Tinggi U. Selenium: its role as antioxidant in human health. *Environ Health Prev Med*, 2008 Mar; 13(2): 102-8.
31. Vinceti M, Filippini T, Del Giovane C, Dennert G, Zwahlen M, Brinkman M, Zeegers MP, Horneber M, D'Amico R, Crespi CM. Selenium for preventing cancer. *Cochrane Database Syst Rev*, 2018 Jan 29; 1(1): CD005195.
32. Lee J-G, Jang J-Y, Baik S-M. Selenium as an Antioxidant: Roles and Clinical Applications in Critically Ill and Trauma Patients: A Narrative Review. *Antioxidants*, 2025; 14(3): 294.
33. Bruns, Finja & Micke, Oliver & Bremer, Michael, Current Status of Selenium and other Treatments for Secondary Lymphoedema. *The journal of supportive oncology*, 2002; 1: 121-30.
34. Han HW, Yang EJ, Lee SM. Sodium Selenite Alleviates Breast Cancer-Related Lymphedema Independent of Antioxidant Defense System. *Nutrients*, 2019 May 7; 11(5): 1021.
35. Han, Hye Won & Yang, Eun Joo & Lee, Seung-Min, Sodium Selenite Alleviates Breast Cancer-Related Lymphedema Independent of Antioxidant Defense System. *Nutrients*, 2019; 11: 1021.
36. Micke O, Schomburg L, Buentzel J, Kisters K, Muecke R. Selenium in Oncology: From Chemistry to Clinics. *Molecules*, 2009; 14(10): 3975-3988.
37. Lipinski B. Sodium selenite as an anticancer agent. *Anti-Cancer Agents Med. Chem*, 2017; 17: 658–661.
38. Pfister C, Dawczynski H, Schingale F-J. Selenium Deficiency in Lymphedema and Lipedema—A Retrospective Cross-Sectional Study from a Specialized Clinic. *Nutrients*, 2020; 12(5): 1211.
39. Shakoor H, Feehan J, Al Dhaheri AS, Ali HI, Platat C, Ismail LC, Apostolopoulos V, Stojanovska L. Immune-

- boosting role of vitamins D, C, E, zinc, selenium and omega-3 fatty acids: Could they help against COVID-19? *Maturitas*, 2021 Jan; 143: 1-9.
40. MacFarquhar JK, Broussard DL, Melstrom P, Hutchinson R, Wolkin A, Martin C, Burk RF, Dunn JR, Green AL, Hammond R, Schaffner W, Jones TF. Acute selenium toxicity associated with a dietary supplement. *Arch Intern Med*, 2010 Feb 8; 170(3): 256-61.
41. Bruns F, Büntzel J, Mücke R, Schönekaes K, Kisters K, Micke O. Selenium in the treatment of head and neck lymphedema. *Med Princ Pract*, 2004 Jul-Aug; 13(4): 185-90.
42. Kasseroller RG, Schrauzer GN. Treatment of secondary lymphedema of the arm with physical decongestive therapy and sodium selenite: a review. *Am J Ther*, 2000 Aug; 7(4): 273-9.
43. Micke, Oliver & Bruns, Finja & Mücke, R. & Schäfer, Ulrich & Glatzel, Michael & Devries, Alexander & Schönekaes, Klaus & Kisters, Klaus & Buentzel, Jens, Selenium in the treatment of radiation-associated secondary lymphedema. *International journal of radiation oncology, biology, physics*, 2003; 56: 40-9.
44. Barchielli G, Capperucci A, Tanini D. The Role of Selenium in Pathologies: An Updated Review. *Antioxidants (Basel)*, 2022 Jan 27; 11(2): 251.
45. Lee H, Lee B, Kim Y, Min S, Yang E, Lee S. Effects of Sodium Selenite Injection on Serum Metabolic Profiles in Women Diagnosed with Breast Cancer-Related Lymphedema—Secondary Analysis of a Randomized Placebo-Controlled Trial Using Global Metabolomics. *Nutrients*, 2021; 13(9): 3253.
46. Mullan LJ, Blackburn NE, Gracey J, Dunwoody L, Lorimer J, Semple CJ. Evaluating the effects of lymphoedema management strategies on functional status and health-related quality of life following treatment for head and neck cancer: a systematic review. *J Cancer Surviv*, 2025 Feb; 19(1): 121-139.
47. Pfister, Christina & Dawczynski, Horst & Schingale, Franz-Josef, Selenium Deficiency in Lymphedema and Lipedema—A Retrospective Cross-Sectional Study from a Specialized Clinic. *Nutrients*, 2020; 12: 1211.
48. Burk RF, Norsworthy BK, Hill KE, Motley AK, Byrne DW. Effects of chemical form of selenium on plasma biomarkers in a high-dose human supplementation trial. *Cancer Epidemiol Biomarkers Prev.*, 2006; 15(4): 804–810.
49. Brown S, Campbell AC, Kuonqui K, Sarker A, Park HJ, Shin J, Kataru RP, Coriddi M, Dayan JH, Mehrara BJ. The Future of Lymphedema: Potential Therapeutic Targets for Treatment. *Curr Breast Cancer Rep*, 2023 Jun 1: 1-9.
50. Neve J., Vertongen F., Capel P. Selenium supplementation in healthy Belgian adults: Response in platelet glutathione peroxidase activity and other blood indices. *Am. J. Clin. Nutr*, 1988; 48: 139–143.