

Signs and Symptoms

- Onset of symptoms is usually during puberty, during or after pregnancy, or menopause
- Symmetrical presentation, involving both legs
- Minimal pitting edema; the Kaposi–Stemmer sign is negative
- Early stages: The upper body may remain slender as the lower body enlarges and fat accumulates in the hips, thighs and legs
- Later stages: lipedemic fat also may accumulate in the chest, torso, abdomen and upper extremities
- Caloric restrictive diets have little effect on lipedemic fat
- Pain in soft tissues at rest, and upon walking or when touched; hypersensitivity to touch
- Fat pads above, inside and below knees, and in outer region of upper thighs
- Easy bruising
- Feet and hands are generally unaffected before development of Lipo-lymphedema (Stage IV)
- Arms are also affected in about 80% of Lipedema cases
- Swelling worsens with orthostasis in the summer
- Many have hypothermia of the skin, some complain of deeply cold feeling legs
- Telangiectasias

Often Mistaken as Obesity, Lipedema Does Not Respond to Dieting.

Lipedema (Painful Fat Syndrome) is a chronic disease that occurs mostly in females. It is characterized by bilateral, symmetrical fatty tissue excess, mainly in the hip region, upper and lower leg areas and combined with a tendency for leg swelling that worsens with standing. Lipedema is often misdiagnosed as bilateral lower extremity Lymphedema or as simple obesity.

You Can

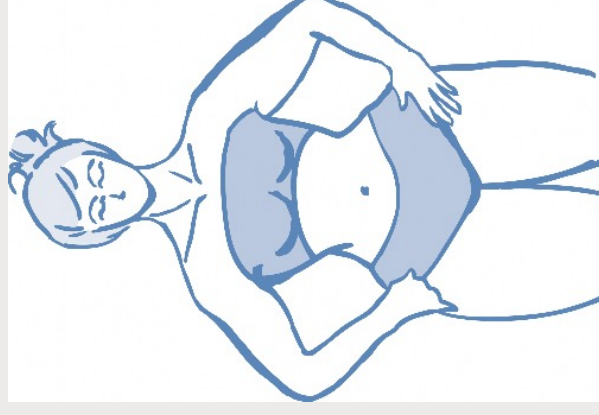
Learn to recognize it early, seek out medical care, treat it, and have better outcomes!



www.fatdisorders.org

What You Need to Know About

Lipedema



Lipedema is generally unknown to medical providers, and is easily confused with obesity. The subcutaneous adipose tissue of Lipedema does not respond to diet and exercise, however. If a patient had weight-loss surgery but fat deposits remain on her legs, buttocks, hips, or arms, then she likely has Lipedema there. If she exercises and diets without weight loss, consider a diagnosis of Lipedema. If she appears to be “normal sized” from the waist up, but much larger below the umbilicus, it is likely that you are seeing Lipedema.

Many women with Lipedema report that this size disparity began in their teens or pre-teens. In Stage I and II, increasing size, pain with standing or upon being touched, easy bruising, and gait difficulties are the most common issues. In any stage, but often in Stage III, Lipo-lymphedema can develop, with lymphatic dysfunction of the oversized limbs, and eventual wound issues for some. Disability, loss of mobility, and isolation can ensue. Cellulitis is a concern any time there is loss of skin integrity.



Lipedema Stages 1, 2, 3, and 4. Photos courtesy of Hans Klink.

Where to Learn More

Why have you not heard of Lipedema before now? A MeSH term for Lipedema was created in 2013, and an ICD code is currently in review. It does have an Online Mendelian Inheritance in Man code. There have been over 160 papers published in medical and scientific journals around the world on Lipedema (also spelled Lipoedema). A good starting point is **Herbst, K. L. (2012). Rare adipose disorders (RADs) masquerading as obesity. Acta Pharmacologica Sinica. doi:10.1038/aps.2011.153**. It is at www.lipomadoc.org. There you will also find an extensive bibliography of work by others in the field. This paper discusses other Rare Adipose Disorders, as well.

Treatment Options

Calorie restrictive diets are not successful in reducing lipedemic fat. Optimally, patients will use healthy eating and exercise to reduce non-lipedemic fat and to avoid developing metabolic abnormalities.

In early stages, treatment should focus on decreasing inflammation. If swelling is present, Manual Lymphatic Drainage and compression are used to manage it. In later stages, more complex therapy may be needed. Pain management may also be indicated at any stage.

A specialized liposuction technique may be utilized. Please see detailed information at:

www.fatdisorders.org/society/patients