Lipoedema UK

AWARENESS, DIAGNOSIS, TREATMENT & RESEARCH

How to distinguish between:

a) lipoedema
b) obesity
c) lymphoedema

Differential diagnosis is vital in lipoedema

Women with lipoedema are often incorrectly diagnosed and treated as obese by their primary healthcare professionals.



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- **Lipoedema is an adipose tissue disorder mainly affecting females and characterised by abnormal, symmetrical fat deposition affecting the arms, legs, hips and buttocks.**
- Hormonal and genetic factors are linked to lipoedema. It often presents around puberty, pregnancy or menopause.
- Lipoedema can have a severe impact on quality of life (QoL) and physical and psychosocial well-being.
- Left untreated, the condition can be debilitating and is a massive cost burden to the NHS, as well as other public services.
- Early diagnosis and treatment are vital for lipoedema patients. Yet service provision is varied and often non-existent.

Differential diagnosis

How to distinguish between lipoedema, lymphoedema and obesity

There is no diagnostic tool for lipoedema and identifying the condition relies on key clinical indicators based on history taking, clinical assessment, examination and differential diagnosis.

DIFFERENTIATING LIPOEDEMA FROM LYMPHOEDEMA & OBESITY

CHARACTERISTIC	LIPOEDEMA	LYMPHOEDEMA	OBESITY
Gender	• Almost exclusively female	• Male or female	• Male or female
Age at onset	• Most commonly presents at puberty, pregnancy or menopause – times of hormonal change	• Childhood (mainly primary); adult (primary or secondary)	• Childhood onwards
Family history	• Common	• Only for primary lymphoedema	• Very common
Areas affected	• Bilateral • Usually symmetrical • Most frequently affects legs, hips and buttocks; may affect arms • Slim waist and disproportionately larger body size below waist • Feet/hands spared	• Can affect any area of the body • Can be bilateral but usually unilateral limbs affected • Feet usually affected in lower limb lymphoedema	• All parts of the body • Usually symmetrical
Psychological impact	• High psychological burden • Can lead to low self-esteem, eating disorders, anxiety, depression	• High psychological burden – reminder of disease in some cases – leading to anxiety and depression	• High psychological burden
Effect of dieting on condition	• Lipoedema fat unresponsive to dietary intervention	• Proportionate loss from trunk and affected limbs	• Weight reduction with uniform weight loss
Effect of limb elevation	• No effect	• Initially effective in reducing swelling; may become less effective as disease progresses	• No effect
Pitting oedema	• Absent in early stages of the disease	• Usually present but pitting may cease as the disease progresses and tissues fibrose	• No
Bruises easily	• Yes	• Not usually	• No
Pain/discomfort in affected areas	• Often • May be hypersensitive to touch and pressure	• May be uncomfortable • No hypersensitivity to touch	• No
Skin texture	• Normal or softer/looser	• Thickened and firmer	• Normal
History of cellulitis	• Unusual	• Often	• Unusual
Stemmer sign*	• Usually negative	• Usually positive	• Usually negative

*A positive Stemmer sign represents failure to pinch a fold of skin at base of second toe – this will be negative in a patient with lipoedema. A positive stemmer may be seen in associated secondary lymphoedema

Table based on *Best Practice Guidelines: The Management of Lipoedema*. London: Wounds UK, 2017

Because lipoedema can appear alongside obesity, clinicians may not always distinguish between the two. But lipoedema is NOT the same as obesity.

Signs and symptoms

There are different types and stages of Lipoedema



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STAGES OF LIPOEDEMA

- Skin appears smooth. On palpation, the thickened subcutaneous tissue may contain small nodules
- Skin has an irregular texture that resembles the skin of an orange ('peau d'orange') or a mattress. Subcutaneous nodules occur that vary from the size of a walnut to that of an apple in size
- The indurations are larger and more prominent than in Stage 2. Deformed lobular fat deposits form, especially around thighs and knees, and may cause considerable distortion of limb profile
- Lipoedema with secondary lymphoedema

TYPES OF LIPOEDEMA

- **Pelvis, buttocks and hips** (saddle bag phenomenon)
- **Buttocks to knees**, with formation of folds of fat around the inner side of the knees
- **Buttocks to ankles**
- **Arms**
- **Lower legs**

DESCRIPTION ACCORDING TO THE SHAPE OF TISSUE ENLARGEMENT	
COLUMNAR	Enlargement of the lower limbs which become column-shaped or cylindrical
LOBAR	Presence of large bulges or lobes of fat overlying enlarged lower extremities, hips or upper arms

Table based on *Best Practice Guidelines: The Management of Lipoedema*. London: Wounds UK, 2017

KEY CHARACTERISTICS Individual patients may present with all or some of these signs and symptoms

- Onset of symptoms is usually during puberty, during/after pregnancy or menopause.
- Symmetrical presentation involving both legs. Significant disproportion of hip-to-waist ratio.
- Arms may be affected.
- Early stages: the upper body may remain slender as the lower body enlarges and fat accumulates in the hips, thighs and legs.
- Later stages: mobility is restricted and the condition becomes more with joint problems and skin changes that can be seen. A secondary lymphoedema may also develop. Can lead to disability and poor QoL.
- Feet and hands are generally unaffected with a 'cuffing' or 'bracelet' effect seen to the ankles or wrists.
- Likely psychological distress, low self-esteem, anxiety and depression.
- Fatigue and pain/heaviness in tissues, may have hypersensitivity to touch. Easily bruised.
- Weight-loss diets have little/no effect on lipoedemic fat.
- Fat pads above, inside and below knees and in outer regions of upper thighs.
- Gait can be affected, and patients may have fallen arches.
- Skin may feel cool and have a 'dimpled' or mattress appearance or nodular texture.

Lipoedema UK

CREATING CHANGE TOGETHER

Lipoedema UK is a registered UK charity for patients and healthcare professionals. We connect people, knowledge, and expertise to improve care for everyone living with lipoedema.

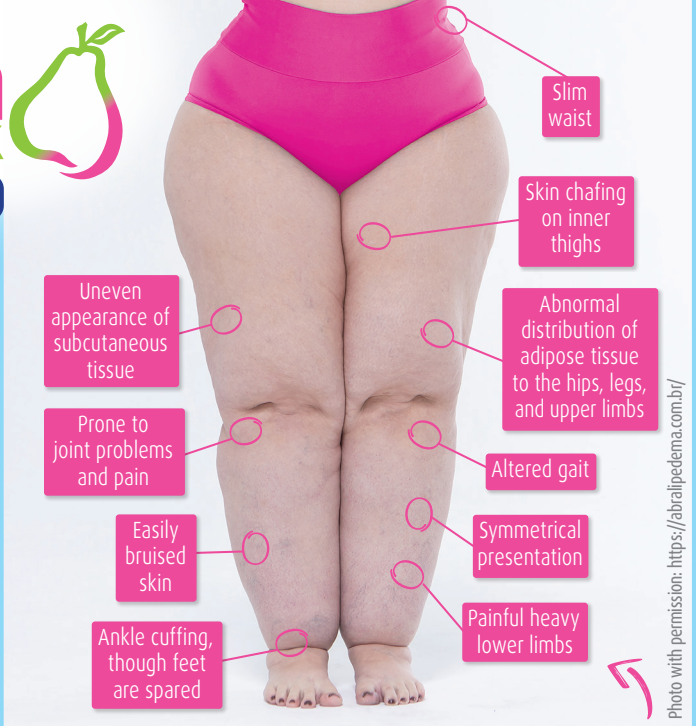


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Lipoedema is an adipose tissue disorder that predominantly affects women and is often under-recognised or misdiagnosed. Lipoedema UK are campaigning for NHS recognition and care for all UK patients.

Lipoedema UK
Charity No 1181312

Join us today...

We are a founder patient association member of the Lipedema World Alliance, working closely with established professional organisations worldwide

EDUCATION & RESOURCES

- Providing trusted, evidence-based information for patients & clinicians
- Hosting educational webinars with leading experts and organisations, including the Royal Society of Medicine
- Partnering with organisations such as the RCGP to develop accredited courses and MIDRS to publish new articles

RESEARCH & ADVOCACY

- Working with NICE, NHS and policy makers to improve care
- Campaigning nationally through events and marketing to increase public and professional awareness
- Collaborating on new research in the UK and internationally

SUPPORT & TREATMENT

- Offering expert advice and support for healthcare professionals and patients
- Sharing the latest evidence-based treatment guidance and research updates
- Delivering direct specialist advice and support through our dedicated online clinic sessions

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