

Lipedema News

Although incurable, lipedema is treatable!



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A colleague recently told me "Poor women! What can we do for them other than prescribe compressions and tell them to lose weight?"

Allow me to dispel this belief in this two-part article.

PART ONE: WHAT IS LIPEDEMA? INTRODUCTION

Lipedema, first described in 1940 (KLH), is a chronic progressive disorder characterized by an abnormal symmetrical buildup of fat and connective tissue involving the lower extremities, upper arms and buttocks, sparing the trunk, hands and the feet. It is associated with pain, easy bruising and firm subcutaneous nodules of fibrotic adipose tissue. It affects almost exclusively women, usually presents during puberty and exacerbates in association with alterations in hormonal levels, primarily pregnancies or menopause.



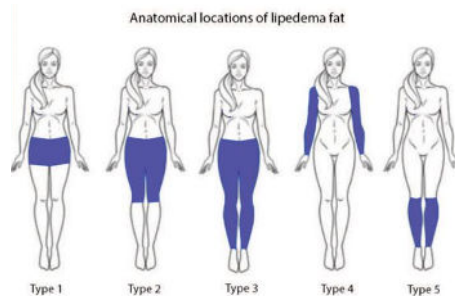
PREVALENCE

Lipedema remains highly underdiagnosed, being often confused and misdiagnosed as other conditions such as obesity and lymphedema. As a result, it is difficult to establish its real prevalence. Nevertheless, it is believed to affect ~11% of adult women (foldi).

PATHOPHYSIOLOGY

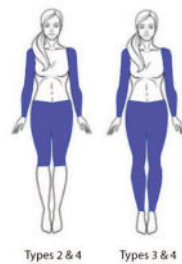
Not much is known about Lipedema pathophysiology. The literature suggests that the massive adipose tissue build up results from combination of genetic, hormonal, microvascular and lymphatic abnormalities. Endothelial barrier dysfunction may explain microangiopathy and

lymphangiopathy resulting in excess fluid bound to interstitial glycosaminoglycans in these patients (Karin, KLH).



A significant proliferation in adipose stem cells was also described in Lipedema (Suga 41, KLH). The recently described upregulation of enzymes responsible for conversion of androgen to estrogen and of estrogen signaling receptor in Lipedema may explain the mechanism by which estrogen plays its major role in Lipedema (Karin). It also explains the gynoid pattern of obesity and the resistance to diet, exercise or bariatric surgery unique to Lipedema (KLH 8, KLH).

Common lipedema type combinations



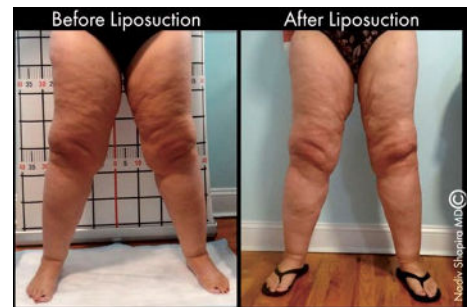
CLINICAL PRESENTATION

Gynoid type fat distribution, a sharp transition from normal to abnormal shape at the ankles and disproportionately enlarged hips to waist ratio, are characteristic to Lipedema. **Types** of Lipedema were described based on fat distribution: type I buttocks and hips, type II down to the knees, type III down to the ankles, type IV arms and type V only lower legs. The **stages** of the disease are based on its severity and appearance (stage 1 smooth and soft skin and thick, subcutaneous fat; stage 2 skin nodularity with large dimples and indentations; stage 3 skin folds over

large fat masses). The development of concomitant lymphedema (Lipolymphedema or Lipedema stage 4) is characteristic to advanced long term Lipedema.

SYMPTOMS

The most common symptoms are pain, tenderness under pressure, easy/spontaneous bruising and orthostatic edema. The pain and tenderness may be severe and has been attributed to local inflammation and fat tissue mechanical factors. The edema results in leg heaviness and fatigue. The large lower body fat pocket, particularly at the thighs, results in malalignment (of the knees in particular), joint stress and osteoarthritis that, in many, requires joint replacement (Stutz).



The weight gain, knee pain and gait abnormalities gradually affect the ability to ambulate, leading to further weight gain. These symptoms—compounded by negative social stigma—have devastating emotional impact on many patients, leading to isolation, low self-esteem, eating disorders and depression; one in eight lipedema patient indicated they considered or attempted suicide.

LIPEDEMA TREATMENT NETWORK (LTN)

A recently founded physician management organization aimed to connect between patients, providers and insurance carriers. LTN is a national network of qualified lipedema physicians that improves patients' access for diagnosis and treatment in their geographical region and assists providers in receiving proper and fair reimbursement.

If you are interested to learn more about Lipedema and LTN, please visit us during the AVLS UIP conference. **VTN**