

- Although the fat distribution between lipedema and Dercum's disease is different, the high prevalence of obesity in both populations increases the challenge of accurately diagnosing lipedema. The nodularity and pain associated with the fat lipedema and Dercum's disease further increases the complexity of differential diagnosis.

The **age of onset** for lipedema has been reported to occur primarily during puberty.⁵ Furthermore, patients have reported development or exacerbation of lipedema during time periods surrounding pregnancy or menopause.^{3,9,11}

Swelling or edema of affected regions worsens while standing upright (orthostasis) and during hot weather.^{3,6} The presence of edema in lipedema contributes to a misdiagnosis of [lymphedema](#).⁴

Vascular changes like **spider veins** and **telangiectasia** are present in lipedema-affected areas (Figure 2).^{3,11} Because these vascular manifestations also occur in patients with [chronic venous insufficiency](#) (CVI), with advanced cases developing uni- or bilateral edema and swelling of the legs known as phlebedema, CVI is a differential diagnosis that requires consideration.^{4,25}

The **skin elasticity** is reduced in lipedema-affected areas, suggesting impaired connective tissue beneath the epidermis.^{6,26} In some cases, the **skin** also feels cold to the touch but is not firm or hardened as in lymphedema.^{6,27}

Lipedema is also considered to have a **heritability** component, because patient histories often refer to relatives with similar leg and body structure.³ Pedigree studies from a single academic medical center suggest either an X-linked dominant inheritance, or autosomal dominant inheritance with sex limitation.¹¹ However, more studies are required to accurately determine the genetic architecture of lipedema.



Figure 2: Spider Veins and Venous Manifestations on a Woman with Lipedema. (Top) Right leg, (Bottom left) right foot, and (Bottom right) left calf. Images courtesy of the Fat Disorders Research Society.