Adiposa dolorosa, also known as Dercum’s disease, is a rare dermatological condition characterized by diffuse, painful, growths of fat tissue (lipomas) in obese individuals. Those suffering from Dercum’s disease often experience intermittent flares of pain that can last for hours or remain continuously. Additionally, patients often experience psychiatric symptoms such as confusion, fatigue, impaired memory, depression, and anxiety. It is not known exactly how many patients suffer from this disease, but it is likely more than have been officially diagnosed. Women have been found to be affected more often than men, with 5-30 times more women receiving the diagnosis. Although the average age of an individual diagnosed with Dercum’s disease is 35-36 years old, reports have been made of Dercum’s disease in children.

Lipomas in Dercum’s disease are composed of painful, yet benign tissue and are most often located on the trunk, upper arms, and upper legs. Less commonly, they have been found on the head, hands, and feet. These lipomas have been detected close to the surface of the skin as well as adjacent to various internal structures (e.g., bone, muscles, tendons, etc.). Size of the growths varies, with reports of lipomas as small as a grain of rice and as large as an apple.

Lipomas may cause severe pain by compressing surrounding nerves and inflamed surrounding tissue. Upon histological examination of the lipomas in Dercum’s disease, an increased amount of pain receptors can be found. This likely explains the severe pain commonly experienced by patients.

Patients may also experience a host of additional symptoms. Swelling of arms and legs is not uncommon. To manage this swelling, patients may benefit from massage or manual lymphatic drainage. Bloating, constipation, weight gain, shortness of breath, and easy bruising have also been reported.

Most Dercum’s disease cases occur sporadically, meaning no underlying disease or genetic condition has been found to be responsible. However, various causes for the disease have been proposed. These include trauma, fat tissue dysfunction, and nervous system dysfunction. Unfortunately, none of these proposed explanations have been confirmed.

This diagnosis of Dercum’s disease can be made clinically with a thorough history and physical exam. No additional laboratory testing, imaging, or biopsy is required but may be recommended by a physician depending on the situation. To diagnose a patient with Dercum’s disease, a patient must be obese and must report that pain has lasted for a duration of at least three months. In addition, alternative disorders such as fibromyalgia, familial multiple lipomatosis, and endocrine disorders must be ruled out.

Multiple treatments have resulted in an improvement in symptoms; however, none have resulted in complete resolution of pain. Basic losing weight can help some patients. Other interventions include steroids, immune modulators, pain-relieving medication, and liposuction. Currently, the most effective management of Dercum’s disease includes multidisciplinary teams that specialize in chronic pain management.