



LIPODERMATOSCLEROSIS

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Lipodermatosclerosis, also known as sclerosing panniculitis and hypodermatitis sclerodermiformis, is an inflammation of the subcutaneous fat, often associated with chronic venous insufficiency. Lipodermatosclerosis is classically found on the inner aspect of the lower extremities above the ankle. It is classified into acute and chronic phases. The acute phase presents clinically as pain, redness, warmth, and tenderness. The chronic, fibrotic phase, presents as red-brown to violet-brown discoloration with firmness and atrophy often appearing as an inverted “champagne bottle.”

Lipodermatosclerosis is most commonly found in people with underlying poor circulation in the legs. It is often seen in women over the age of 40 years and men over the age of 70 years. Risk factors include age, immobility, obesity, smoking, family history, and history of deep vein thrombosis or trauma to the venous system. The exact cause is unknown, but evidence suggest that venous hypertension resulting in increased capillary permeability leads to leakage of fibrinogen and white blood cells into the dermis. The fibrinogen forms fibrin cuffs around capillaries, which impedes the exchange of oxygen. This process ultimately causes hypoxia, resulting in venous ulceration.

Lipodermatosclerosis is often misdiagnosed as **cellulitis**. Diagnosis of Lipodermatosclerosis can be done clinically as it does not require biopsy. In fact, biopsy is not advised due to the concern for poor wound healing and the likelihood to develop chronic ulcers.

Lipodermatosclerosis is best treated with conservative management. This includes leg elevation, compression stockings, lifestyle modifications (increased physical activity and weight loss, smoking cessation). Physical therapy using ultrasound has been reported as helpful. Drug therapy options include Danazol, Diosmiplex (Vasculera), Oxandrolone, and Pentoxifylline.

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