

Differential Diagnosis					
	LIPPEDEMA	LIPOLYPHEDEMA	PRIMARY LYMPHEDEMA	OBESITY	VENOUS INSUFFICIENCY
DIFFERENTIATION	LIPPEDEMA	LIPOLYPHEDEMA	PRIMARY LYMPHEDEMA	OBESITY	VENOUS INSUFFICIENCY
Gender	almost exclusively women		Both, but female more than male	Female and Male	Both, but female more than male
Onset	with hormonal disturbance, often with the menarch	advanced stage lipedema	Often at puberty but maybe at birth or as adult	May be present early or acquired	Usually middle age or later
Development	simultaneous begins at the whole legs		usually distal beginning		Changes often seen around ankles
Extent	from the iliac crest to the ankle; no involvement of the dorsum of the feet	Swelling is distal	May involve the whole leg and foot or just the distal leg and foot.	Usually the whole leg	Swelling usually progresses from distal to proximal.
Stemmer's sign	negative	negative or positive	positive	negative	negative
Hypermobility	yes		no	no	no
Distribution	symmetric distribution of fat between the hips and ankles, the feet are not involved; disproportion between upper and lower body	asymmetric or symmetric	usually asymmetric	usually symmetric	asymmetric or symmetric
Pain/hypersensitivity	yes		no	no (although knee pain is common due to arthritis)	may cause pain
Skin temperature	normal or slightly decreased		normal	normal or slightly decreased	normal or slightly increased
Skin color	normal	normal	normal	normal	may have reddish brown discoloration.
Bruising	common, even after minor trauma				
Tissue consistence	Soft	progressive lymphostatic fibrosclerosis	progressive lymphostatic fibrosclerosis	Soft	lipdermatofibrosis and ulcerations
Edema	minimal or no pitting edema of the lower legs, only after prolonged orthostasis	pitting edema of affected areas	pitting in stage I, later fibrosclerosis	no pitting	pitting edema may occur
Dorsum of the feet	no edema	edema	edema in most cases	no edema	may or may not have edema
Hyperkeratosis	no	yes	yes		yes
Cellulitis	no	can accompany advanced stages	often	not obesity related	yes - secondary to ulceration
Influence of positioning on edema	only decreases the orthostatic edema	decreases	decreases in stage I and 2		decreases
Hereditary	may be familial		only 2% are familial	may be familial	may be familial
Number affected	11% women	unknown	1/100000	69% adult population obese & overweight in USA	Up to 73% of adult women have varicose veins and chronic venous insufficiency is present in up to 40%
Lymphoscintigraphy	Normal or sometimes increased uptake	Abnormal	Abnormal	Normal unless accompanied by lymphedema	Normal or increased uptake unless accompanied by lymphedema