**Differential diagnosis of lipoedema**

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|  | **Lipoedema** | **Obesity** | **Lipohypertropy** | **Lymphoedema** |
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| Patient history |
|   Sex | Female | Male and female | Female | Male and female |
|   Family history positive | Common | Common | Possible | Present in primary lymphoedema |
|   Proven hereditary factor | Absent | Absent | Absent | Present in primary lymphoedema |
|   History of erysipelas | Absent | Absent | Absent | Usually present |
|   Progression | Involved areas | All over body, although in most men (and some women) limited to trunk | Not progressive | Proximally, from distal portion of limb |
|   Response to diet | None | Excellent | None | None |
|   Effect of elevation (oedema reduction) | Minimal (limited to pitting oedema component) | Ineffective | Ineffective | Effective initially |
| Physical examination |
|   Bilateral involvement | Always | Always | Always | Primary: often; secondary: rare |
|   Foot involvement | Absent | Common | Absent | Common |
|   Malleolar fat pad | Present | Absent | Absent | Absent |
|   Consistency on palpation | Soft-firm | Soft | Soft | Firm |
|   Pitting oedema | Minimal | Absent | Absent | Always present in variable severity |
|   Pain on pressure | Common | Absent | Absent | Absent |

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Tomado: **Lipoedema: from clinical presentation to therapy. A review of the literatura . [British Journal of Dermatology](http://www3.interscience.wiley.com/journal/117983344/home%22%20%5Ct%20%22_top)**