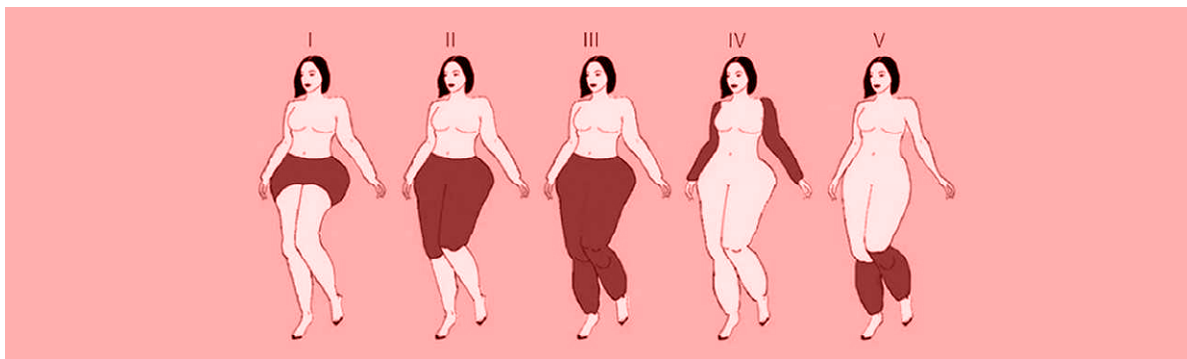


LIPDEMA: 11% OF WOMEN AFFECTED



Lipedema is a disease of the subcutaneous fat tissue recognized by the WHO in May 2018. It is an inherited disorder, in 15 to 65% of cases, progressive and very disabling, which affects almost exclusively women and is **often confused with obesity**, lipodystrophy or primary lymphedema of the lower limbs. However, a patient can accumulate those diseases... Lipedema **may affect up to 11% of women** and this figure is probably underestimated.

Characterised by a **particular distribution of fat with a typical disproportion** between the trunk and the limbs, this syndrome is still poorly known which makes its detection and management complicated.

Treatment of lipedema is complex and there is no consensus. However, several options are already being considered with more or less convincing results*:

- Pressotherapy
- Ketogenic diet
- Liposuction/surgery
- Physical activities, especially in aquatic environments, to limit spontaneous superficial pain and stabilise weight gain.
- Multi-layer bandages, useful only in the decongestion phase to prepare for skin removal surgery to reduce the liquid part of the

voluminous masses on the inner face of the thighs or calves

- Elastic compression in post op after liposuction: day and night for one week and then only during the day for 3 weeks, otherwise very often difficult to put up with due to lack of flexibility and friction (sometimes more useful and better put up with in the case of associated venous insufficiency)

The goal of lipedema treatment is to limit its progression, limit edema, improve mobility, fibrosis, pain and heaviness. In this context, endermologie® treatment can help improve patient comfort and mobility. It can also be interesting in **PRE- POST liposuction**, for a better result and better healing, to limit the high risk of hematomas and other complications but also to maintain the results because fat unfortunately tends to return.

Lipedema surgery is not aesthetic but functional. Two techniques are possible: liposuction and skin resection, either isolated or combined. Prevention is recommended for patients whose mother or grandmother is affected. The number of scientific references on lipedema is more than 1,000 times lower than the number of references on obesity. Half of these references are less than 5 years old, and the first one in 1951, which means that research is accelerating on this issue.

Physiotherapists have a vital role to play in the management of this pathology. Psychological support, in addition to therapeutic care, is a factor

to be taken into consideration in the care of each patient, as they may indeed feel depressed about seeing their body deformed.

If you think you may be affected by lipedema, talk to your doctor or physiotherapist.

***SOURCE: Congress organized by the Italian Association of Lipedema Patients in November 2019 in Rome**
<https://lipedemaitalia.info/>



lpgmedical.com