



**CRITERIA FOR LIPEDEMA DIAGNOSIS**

	ALLEN & HINES 1940	WOLD et al 1951	BUCK & HERBST 2016	S1 GUIDELINES [German] Reich-Schupke et al 2017	FIRST DUTCH GUIDELINES Halk & Damstra 2017	UK BEST PRACTICE GUIDELINES Wounds UK 2017	SPANISH CONSENSUS DOCUMENT Alcolea et al 2018	JWC INTERNATIONAL CONSENSUS DOCUMENT Bertsch et al 2020	US STANDARD OF CARE Herbst et al 2021	KEY AGREEMENTS AND DIFFERENCES
NAME	LIPEDEMA	LIPEDEMA	LIPEDEMA	LIPEDEMA	LIPEDEMA	LIPOEDEMA	LIPEDEMA	LIPOEDEMA	LIPEDEMA	
ONSET	patient reports GIRLHOOD	NONE DETERMINED	BY the 3rd DECADE of LIFE	HORMONAL CHANGE puberty, pregnancy, menopause	PUBERTY	PUBERTY OR HORMONAL CHANGE	PUBERTY		HORMONE, WEIGHT AND/OR SHAPE CHANGE	Bertsch disagrees with the "dogma" of onset
POPULATION AFFECTED	FEMALE	FEMALE	FEMALE	FEMALE	FEMALE	FEMALE	FEMALE	FEMALE	FEMALE	
SYMPTOMS REQUIRED										
Family history	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No meaningful difference. Authors of guidelines that are silent on family history often cite importance of genetics in other papers
Bilateral and symmetrical subcutaneous tissue enlargement of limbs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BILATERAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	No meaningful difference. Although absent in the JWC, other papers by same authors discuss this feature.
Disproportionate fat distribution (upper & lower halves of body)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Difference of opinion between whether disproportion is between upper/lower aspects of body, or trunk/limb
Upper Body: Arms affected, sparing hands			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NOT RECOGNIZED; Lipodystrophies or obesity	References that lipedema can be in the arms and legs	<input checked="" type="checkbox"/>	Universal consensus of lipedema occurring in the legs. Arms have general consensus, excluding Spanish who see it as a lipodystrophy or obesity comorbidity
Lower Body: Legs affected, sparing feet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	30% prevalence of fat tissue in hands
None or limited weight loss in affected tissues	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	German S1 and JWC attribute weight loss to loss of comorbid obesity only
Cuffing or ring fold at the ankle or wrist: <small>Separation between normal and abnormal tissue at the ankle, elbow, or wrist</small>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Degree of cuffing can be described as slender instep or braceleting
Distal fat tendrils of the knee (popliteus)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Pain or tenderness to touch or palpitation	USUALLY PRESENT	USUALLY PRESENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Optional criteria IF missing 2 red check-boxes OR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Not Always	The presence of pain is noted in ALL guidelines. Whether it is required to distinguish between differential diagnoses (specifically lipohypertrophy) is under debate.
Fatigue in extremities					<input checked="" type="checkbox"/>					
No reduction of volume and/or pain when raising/elevating extremities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Tendency for easy bruising			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	General agreement; although several documents note that this is difficult measure and rely on patient reports
Negative Stemmer's Sign			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Noted in 2014	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			General agreement; used as a differential diagnostic tool - not as a feature of lipedema
Edema (pitting or nonpitting)	Minimal	Minimal	Minimal	<input checked="" type="checkbox"/>	MILD edema often accompanies lipedema	Absent or minor in early stages		NO Oedema in lipedema	<input checked="" type="checkbox"/>	General agreement on mild or minimal edema, but disagreement about whether it is a feature of "pure" lipedema or a comorbidity with progression
Presence of Telangiectasia			<input checked="" type="checkbox"/>				NOT unique to lipedema as 50% of women have C1 of CEAP classification			Most see it as a comorbidity
Altered skin appearance or temperature	SOFT & PLIABLE	SOFT & PLIABLE	SOFT COLD			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Altered subcutaneous tissue texture: thickening, nodules			GRANULAR to NODULAR		THICKENED	ALTERED	SOFTER		NODULES	Largely in agreement that textural changes are important, but mainly for differential diagnosis. The US SOC advocates including it in diagnosis
Heavy feeling in legs or extremities				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Noted as a symptom of pain		
Psychological involvement	Potential Comorbidity	Potential Comorbidity	Potential Comorbidity	Potential Comorbidity		Potential Comorbidity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Potential Comorbidity	Psychological involvement is noted in ALL of the consensus documents. Key difference - part of clinical criteria OR effect of living with chronic condition
Abnormal gait and limited mobility (flat feet, genu valgum)					Noted in 2014	<input checked="" type="checkbox"/>	Comorbidity		Comorbidity	
Hypermobility						Association Noted	Comorbidity		Comorbidity	Only US SOC advocates using Beighton criteria in diagnosis criteria; others see as comorbidity or are silent
Muscle weakness						<input checked="" type="checkbox"/>	Comorbidity		Comorbidity	
Decrease in skin elasticity							Comorbidity		Comorbidity	



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<b>DIFFERENTIAL DIAGNOSES NEEDED</b>										
Lymphedema	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Obesity		✓	✓	✓	✓	✓	✓	✓	✓	
Lipodystrophies		✓				✓	✓			
Lipohypertrophy				✓	✓	✓		✓	✓	Nomenclatorial differences between definitions of lipohypertrophy as it relates to lipedema, or obesity.
FEP (cellulite)					In 2014, noted develop distinctive "cellulite"		✓			
Lipomatosis			✓	✓						
Dercum's disease/adiposis dolorosa			✓			✓	✓			
Cushing's Syndrome						✓	✓			
Madelung's disease/multiple symmetrical lipomatosis			✓			✓	✓			
Polycystic Ovary Disease						✓	✓			
Chronic Venous Diseases		✓			✓	✓	✓		✓	
Other pitting edema causing disorders: Congestive cardiac failure Dependency or gravitational edema Hepatic or renal dysfunction Hypoproteinaemia Hypothyroidism Myxedema Phlebedema Pregnancy & premenstrual oedema Drug-induced swelling (calcium channel blockers, steroids, etc)		✓		✓	✓	✓	✓		✓	
Growth hormone deficiency						✓				
Fibromyalgia				✓					✓	

Table design was taken from: Open Medicine Foundation Canada - <https://www.omfcanda.ngo/history-of-me-cfs/>

Highlighted in a table or figure ✓

Listed or mentioned in text of the document ✓

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