


An unusual presentation of Dercum's disease to the emergency department

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A 54-years-old-obese female (Body mass index 32) presented to the emergency department with multiple painful nodules on her abdomen and back for the past 2 years. Later, patient reported developing similar nodules on her scalp (Fig. 1A) and on the tip of the left fifth digit (Fig. 1B and C) in the past 6 months. There were no associated systemic signs or symptoms. Her prior medical, family and medication history were unremarkable. On local examination, the lesions were of different sizes, nodular and painful to touch. Rest of her systemic examination was normal. She was successfully managed with analgesia and was referred to general surgery clinic where an excisional biopsy of her scalp lesion was performed. The biopsy was reported to show a lipoma with inflammation (Fig. 2). The patient has yet to revisit for follow-up.

This was a presentation of Dercum's disease also known as adiposis dolorosa, which is a rare chronic disorder comprising of multifocal, painful subcutaneous lipomas. The prevalence is unknown but is thought to occur commonly in obese woman during adulthood. It is classified into four distinct varieties: type I—is where there is widespread painful adipose tissue with no apparent lipomas; type II—is the generalized nodular form; type III—is the localized nodular form and type IV—is the juxta articular form [1].

Our patient had type II Dercum's disease with an unusual involvement of the scalp and the tip of the left fifth digit. Lipomas are known to occur rarely on the scalp and in the digits due to less subcutaneous tissue [2, 3], therefore, preferably require histopathological confirmation.

Management mainly involves relieving the pain. NSAIDs, intralesional lidocaine, methotrexate, interferons and corticosteroids have been used with variable success. Surgical excision may relieve symptoms locally; however, lesions can recur [4]. Psychotherapy and consultation with chronic pain specialists are useful for coping with the condition [5].

ACKNOWLEDGEMENTS

Not applicable.

CONFLICT OF INTEREST STATEMENT

No conflicts of interest.



Figure 1. A. Solitary lipoma located on the vertex location of the scalp. B. En face view of lipoma involving the tip of the left fifth digit. C. Lateral view of lipoma involving the tip of the left fifth digit.

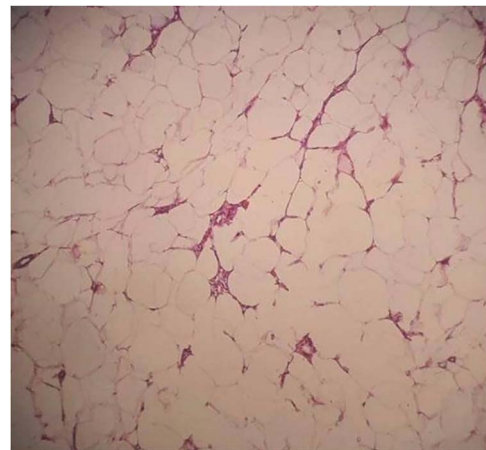


Figure 2. Low power image of scalp nodule showing mature adipose cells with infiltrates of inflammatory cells.

FUNDING

Not applicable.

ETHICAL APPROVAL

Ethical approval was obtained by the hospital ethics committee.

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CONSENT

Informed patient consent was obtained.

GUARANTOR

Author Muhammad Akbar Baig is nominated as the guarantor of the article.

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