

[PICTURES IN CLINICAL MEDICINE]

Tolvaptan for the Treatment of Elephantiasis Nostras Verrucosa

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Picture 1.



Picture 2.



Picture 3.

A 79-year-old woman was repeatedly admitted because of cellulitis due to obesity and lymphedema despite furosemide (20 mg) and compression bandages being used to treat the edema in her lower limbs. She had also been diagnosed with heart failure with a preserved ejection fraction. Her body weight (BW) was 105 kg and body mass index 44.2 kg/m². Her lower limbs showed severe edema, verrucous, cobblestone-like papulonodules, and plaques, which were compatible with the features of elephantiasis nostras verrucosa (ENV; Picture 1). Kaposi-Stemmer sign was present, indicating lymphedema (Picture 2). After the treatment of cellulitis, her leg edema remained. Tolvaptan (7.5 mg) therapy was initiated. However, our patient could not tolerate this treatment because of hypernatremia and require a reduction in the dosage to 3.75 mg. One year after the tolvaptan therapy had been started, her BW decreased to 92 kg, and the ENV improved (Picture 3) with no side effects. The right/left maximum thigh circumference (74/73 cm) de-

creased to 68/70 cm. ENV is a rare clinical condition associated with chronic non-filarial lymphedema (1). In our patient, conventional treatment with compressive bandages and furosemide was not very effective (2). However, combined treatment with tolvaptan was greatly effective in this clinical situation. Tolvaptan with obesity management may be a useful and effective treatment strategy for ENV.

The authors state that they have no Conflict of Interest (COI).

References

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