

Lipoedema Lounge

Lipoedema Diagnostic Checklist

Core diagnostic phenotype (high diagnostic weight)

1. Bilateral, symmetrical enlargement of the limbs (1–5)
2. Disproportionate adipose tissue distribution relative to the trunk (1–5)
3. Pain, tenderness or sensitivity within affected adipose tissue (1–4,6)
4. Easy bruising or capillary fragility (1–4,6)
5. Relative sparing of the feet in lower limb involvement (1–5)
6. Limited reduction of disproportionate tissue despite weight loss (1–4)

Typical disease history (moderate diagnostic weight)

7. Onset or worsening during hormonal change such as puberty, pregnancy or menopause (2–4)
8. Family history of similar limb phenotype or unexplained limb enlargement (2–4,7)
9. Progressive increase in limb volume over time (1–4)
10. Limb heaviness, pressure discomfort or fatigue (1–4)

Physical examination findings (supportive diagnostic features)

11. Column-like limb contour or abrupt transition at the ankle or wrist (1–4)
12. Palpable nodular, fibrotic or thickened subcutaneous tissue (3,5,6)
13. Pain on palpation or bimanual compression of adipose tissue (1–4)
14. Presence of telangiectasia or vascular spiders (6)
15. Joint hypermobility or connective tissue features (emerging association) (7)

Functional and psychosocial impact (supportive clinical context)

16. Reduced mobility or activity limitation related to limb volume or pain (2,3,6)
17. Orthopaedic consequences such as valgus knee alignment or altered gait (6)
18. Psychosocial burden, distress or history of repeated misdiagnosis (2,3)

Features suggesting alternative/differential diagnoses (considerations)

19. Positive Stemmer sign suggesting lymphoedema rather than isolated lipoedema (1,5)
20. Marked pitting oedema suggesting lymphatic or venous pathology (1,5)
21. Generalised adiposity without limb disproportion suggesting obesity (2,3)
22. Predominant venous symptoms such as varicosities or stasis changes suggesting chronic venous disease (1)
23. Multiple discrete painful lipomas suggesting Dercum's disease or related adipose disorders (8)

Diagnostic principles (consensus-based clinical approach)

24. Diagnosis is clinical and based on pattern recognition and exclusion of differential diagnoses (1–4)
25. No validated biomarker, imaging modality or genetic test currently confirms lipoedema (2–4,9)
26. Disease heterogeneity requires careful phenotypic assessment rather than reliance on staging alone (2,5)
27. Multidisciplinary assessment may be required in complex or overlapping presentations (3,5)

References

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