Dercum's Disease White Paper

Information for Healthcare Providers

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Dercum's disease (DD) was described by Dr. Francis Xavier Dercum at the University of Pennsylvania over a century ago. The hallmark of DD is painful lipomas in subcutaneous adipose (fat) tissue (SAT). Women are more affected than men (5-30:1). The average age of diagnosis is 35 years.¹

Lipomas: The presence of small lumps in SAT is a requirement for diagnosis. Types of Dercum's SAT is as follows:²

<u>Diffuse</u>: The lipomas can be small, the size of a pea, and diffusely affect the majority of SAT; best palpated by rolling the fingers over the fat tissue. Consider initial exam in the cubital areas and medial knee.

<u>Nodular</u>: Lipomas can be the size of a marble, walnut, fist, or larger, localized primarily on the arms, anterior rib cage, abdomen, low back, buttocks and thighs.

Mixed: There often is a mixed picture of diffuse and nodular lipomas.

Lipomas are non-encapsulated and may contain excess connective tissue³ or are angiolipomas.

Vasculature: The local vasoconstrictor response to increase in venous transmural pressure⁴ and the lymphatic architecture and flow are altered in Dercum's SAT⁵ consistent with Dr. Dercum's description of DD as a haemolymphatic disorder.⁶

Pain: The presence of pain is a requirement for diagnosis. The pain may be in the lipomas, in skin (hyperalgesia), or sharply referred. Pain in one area one day may be gone the next and other areas may become painful. Some areas that are painful for years can become numb. Arthralgias and myalgias are common. Over time, the pain is disabling.

Metabolism: Oxygen consumption per kilogram body weight in women with DD is lower than in controls matched for age, weight, body mass index, muscle and fat mass.³ Fatty acid desaturation in SAT is lower in people with DD.⁷ The fat also does not respond normally to norepinephrine and insulin⁸, and glucose conversion to neutral glycosides is reduced.⁹

Co-morbidities: Hypothyroidism, diabetes, autoimmune disease, fibromyalgia. ¹

Common symptoms: Sleep disorder, anxiety, depression, cognitive difficulties (brain fog), tachycardia, shortness of breath, gastrointestinal disturbances. ^{1,10} DD is similar to fibromyalgia but with the addition of painful lipomatous SAT.

Serious Rare Complications: Blood clots, fat emboli, fatty heart, ¹¹ early cardiovascular disease, and lymphedema.

Life Expectancy: Effect on life expectancy unknown.

Imaging:

<u>Magnetic resonance imaging</u>: Best imaging of the lipomas with MRI with T1 weighted sequences in two planes, and short-tau inversion recovery (STIR) and proton-density fat-saturated (PD-FS) sequences in one plane each.¹² Computed tomography: Poor visualization of lipomas.

Ultrasound: Fair to good with an experienced ultrasound technician. 12

Evidence-Based Treatment (alphabetic order)

<u>Bariatric surgery</u>: Improves co-morbidities but weight loss may be minimal¹³ while the lipomas remain.

<u>Cycling hypobaric pressure</u>: The *Cyclic Variations in Adaptive Conditioning*™ (*CVAC*™) process improved pain and mental functioning in ten people with DD.¹⁴

Infliximab and methotrexate: Improved pain and induced weight loss in a single woman with DD. 15

Interferon alpha-2b: Induced pain relief in two patients with hepatitis C infection. 16

<u>Lipoma resection</u>: Reduces pain but the lipomas may recur; inhibit recurrence and seroma formation with compression after resection for 6 weeks.¹⁷

Lidocaine: Topical and intravenous preparations have been used with variable success. 18-20

<u>Liposuction</u>: Reduces pain and improves quality of life.^{2, 21-23}

<u>Manual lymphatic drainage</u> combined with <u>compression garments</u> and <u>pregabalin</u> (pain medication) reduced pain and weight – case study.²⁴

Mexilitene: After intravenous lidocaine, mexilitene was able to maintain pain relief.²⁵

Metformin: Case study.²⁶ May either not work for pain relief, or may lose its effectiveness over time.

References

- Herbst KL, Asare-Bediako S. Adiposis Dolorosa is More than Painful Fat. The Endocrinologist 2007;17:326-44.
- 2. Hansson E, Svensson H, Brorson H. Review of Dercum's disease and proposal of diagnostic criteria, diagnostic methods, classification and management. Orphanet J Rare Dis 2012;7:23.:10.1186/750-72-7-23.
- 3. Herbst KL, Coviello AD, Chang A, Boyle DL. Lipomatosis-associated inflammation and excess collagen may contribute to lower relative resting energy expenditure in women with adiposis dolorosa. Int J Obes (Lond) 2009;33:1031-8. Epub 2009 Jul 21.
- 4. Skagen K, Petersen P, Kastrup J, Norgaard T. The regulation of subcutaneous blood flow in patient with Dercum's disease. Acta Derm Venereol 1986;66:337-9.
- 5. Herbst KL, Rasmussen JC, Aldrich MB, et al. Near-infrared Fluorescence Imaging of Lymphatics in Dercum's Disease. In: Gordon Research Conference: "Molecular Mechanisms in Lymphatic Function & Disease". Ventura, California; March 2012.
- 6. Dercum FX. A subcutaneous connective-tissue dystrophy of the arms and back, associated with symptoms resembling myxoedema. University Medical Magazine Philadelphia 1888:140-50.
- 7. Yee JK, Phillips SA, Allamehzadeh K, Herbst KL. Subcutaneous adipose tissue fatty acid desaturation in adults with and without rare adipose disorders. Lipids Health Dis 2012;11:19.:10.1186/476-511X-11-19.
- 8. Pimenta WP, Paula FJ, Dick-de-Paula I, et al. Hormonal and metabolic study of a case of adiposis dolorosa (Dercum's disease). Braz J Med Biol Res 1992;25:889-93.
- 9. Taniguchi A, Okuda H, Mishima Y, et al. A case of adiposis dolorosa: lipid metabolism and hormone secretion. Int J Obes 1986;10:277-81.
- 10. Wortham NC, Tomlinson IP. Dercum's disease. Skinmed 2005;4:157-62; quiz 63-1644.
- 11. Miraglia E, Visconti B, Bianchini D, Calvieri S, Giustini S. An uncommon association between lipomatous hypertrophy of the interatrial septum (LHIS) and Dercum's disease. Eur J Dermatol 2013;19:19.
- 12. Tins BJ, Matthews C, Haddaway M, et al. Adiposis dolorosa (Dercum's disease): MRI and ultrasound appearances. Clin Radiol 2013;25:00199-2.
- 13. Tsang C, Aggarwal R, Bonanomi G. Dercum's disease as a cause of weight loss failure after gastric bypass surgery. Surg Obes Relat Dis 2011;7:243-5. doi: 10.1016/j.soard.2010.09.007. Epub Sep 17.
- 14. Herbst KL, Rutledge T. Pilot study: rapidly cycling hypobaric pressure improves pain after 5 days in adiposis dolorosa. Journal of Pain Research 2010;3:147–53.
- 15. Singal A, Janiga J, Bossenbroek N, Lim H. Dercum's disease (adiposis dolorosa): a report of improvement with infliximab and methotrexate. J Eur Acad Dermatol Venereol 2007;21:717.
- 16. Gonciarz Z, Mazur W, Hartleb J, et al. Interferon alfa-2b induced long-term relief of pain in two patients with adiposis dolorosa and chronic hepatitis C. J Hepatol 1997;27:1141.
- 17. Amine B, Leguilchard F, Benhamou CL. Dercum's disease (adiposis dolorosa): a new case-report. Joint Bone Spine 2004;71:147-9.
- 18. Desai MJ, Siriki R, Wang D. Treatment of pain in Dercum's disease with Lidoderm (lidocaine 5% patch): a case report. Pain Med 2008;9:1224-6. Epub 2008 Mar 11.
- 19. Juhlin L. Long-standing pain relief of adiposis dolorosa (Dercum's disease) after intravenous infusion of lidocaine. J Am Acad Dermatol 1986;15:383-5.
- 20. Reggiani M, Errani A, Staffa M, Schianchi S. Is EMLA effective in Dercum's disease? Acta Derm Venereol 1996;76:170-1.
- 21. Wollina U, Goldman A, Heinig B. Microcannular tumescent liposuction in advanced lipedema and Dercum's disease. G;145:151-9.
- 22. Berntorp E, Berntorp K, Brorson H, Frick K. Liposuction in Dercum's disease: impact on haemostatic factors associated with cardiovascular disease and insulin sensitivity. J Intern Med 1998;243:197-201.
- 23. Brorson H, Aberg M, Fagher B. [Liposuction in adiposis dolorosa (morbus Dercum)--an effective therapy]. Ugeskr Laeger 1992;154:1914-5.
- Lange U, Oelzner P, Uhlemann C. Dercum's disease (Lipomatosis dolorosa): successful therapy with pregabalin and manual lymphatic drainage and a current overview. Rheumatol Int 2008;29:17-22. Epub 2008 Jul 5.
- 25. Petersen P, Kastrup J. Dercum's disease (adiposis dolorosa). Treatment of the severe pain with intravenous lidocaine. Pain 1987;28:77-80.
- 26. Labuzek K, Liber S, Suchy D, Okopiea BA. A successful case of pain management using metformin in a patient with adiposis dolorosa. Int J Clin Pharmacol Ther 2013;51:517-24. doi: 10.5414/CP201878.