MANUAL LYMPH DRAINAGE FOR DERCUM’S DISEASE

- Dercum’s disease is a painful fat disorder listed as a rare disease by the NIH and NORD.
- People with DD have widespread abnormal fat including small, tender nodules that feel like beans in a bag (diffuse DD), large lipomas or angiolipomas (nodular DD), or mixed type with nodules and lipomas.
- Additional tissue findings can include swelling, thickening or thinning of the skin, increased connective tissue and fibrosis, and loss of elasticity and distended vessels including varicosities.
- The abnormal tender fat can be anywhere from the head to the bottom of the feet with a focus on the arms, neck, chest, low back, abdomen, legs and groin.
- Women with DD complain of tender nodules in the vaginal vault and enlarged, swollen and tender labia.
- Lymph vessels are dilated allowing lymphatic leakage.

**Manual Lymph Drainage (MLD) therapist requirements:** Complete all courses for MLD for lymphedema.

Dercum’s disease is a pre-lymphedema condition that responds to manual lymph drainage with a reduction in volume and pain.

People with DD may also have gastrointestinal distress and/or pelvic pain dysfunction. Consult with a pelvic pain physical therapist especially if pain and or fat nodules do not improve with MLD.

People with DD may also have lymphedema.

**Approach for MLD in DD**

1. Assess the patient’s ability to be touched gently, and deeply; congestion and pain may prevent deeper manipulation initially. **Use indirect pressure with the knees bent.**
2. If the pain is widespread and severe, consider clearing the abdomen and trunk then treating only a limited area during the first few treatment sessions. You should be able to treatment extensively over time. A contra-indication/precaution to MLD on the abdomen is unexplained pain.
3. Treat all areas to move what may be a small amount of very inflammatory pre-lymph fluid from around the fat nodules.
4. MLD should be performed around all lipomas with gentle manipulation to free the lipoma from surrounding tissue structures.
5. People with DD may experience worsening of their symptoms after MLD including pain and gastrointestinal distress. Be sure to discuss this with your patients.
6. Bruising is not uncommon after MLD for DD.
7. Teach self MLD whenever possible; MLD is a lifelong treatment for DD.
8. People with DD are less likely to benefit from wrapping unless they have lymphedema. In the absence of lymphedema, wrapping may worsen DD.
9. Recommend compression garments:
   a. The usual pressure range is 15-30mmHg.
   b. Consider softer fabrics with a patterned weave.
   c. Usual garments include full leggings (legs and abdomen) or pantyhose, a vest and arm sleeves.
   d. Belisse bra gives adequate thoracic compression.
   e. Arm sleeves must cover the shoulder not stop at the upper arm; for example, consider Solidea arm sleeves or Elvarex sleeves with cap and bra connectors.