

The Course and Outcome of Lobular Panniculitis - Lipodermatosclerosis

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Abstract: Objective: According to modern concepts, lipodermatosclerosis (LDS) is a variant of lobular panniculitis (PN) mainly without vasculitis. The pathological process is characterized by degenerative-dystrophic changes in subcutaneous fat in the legs and occurs most often in middle-aged women on the background of chronic venous insufficiency.

Materials and methods: We observed 37 pts with LDS (f-36, m-1) in age of 54±13years and duration of illness in from 2 weeks to 20 years. Along with the general clinical examination in dynamics, immunological research and ultrasonography (Doppler ultrasound) of the veins of the lower extremities were conducted.

Results: The main causes for the onset of the disease were stress (7), acute respiratory viral infection (ARVI) /angina (6), childbirth (1), exercise stress (4), trauma (1), insolation (1), unknown cause (18). The average body mass index was 27,9±5 kg/m². The size of nodes was 7±4 cm in diameter in the amount of 4±3 with the mild palpation pain VAS (40±23mm) on the medial (92%), less anterior-medial (60%), lateral (27%) and posterior (24%) of the leg (100%), merging in various size conglomerates of irregular shape (54%), with the symptom of "saucers" (78%) and "glasses" (68%). The nodes were accompanied by low grade fever in 8% of cases. In 12 pts arthralgia was not observed, in other cases there was pain in the ankle (54%), small joints of the hands and/or feet (32%) and knee (19%) joints. Median levels of ESR and CRP were 10 [2; 73] mm/h and 3 [0; 17] mg/l, respectively; the increase in indicators was observed in 30% of cases. In 78% were detected signs of chronic venous insufficiency on Doppler ultrasound, in 65% - failure of valves. In 16 (43%) were observed relapses associated with stress (6), poor compliance and insufficient efficacy of prescribed therapy (6), weight lifting (2), injury (1), unknown cause (1). The tendency of nodes to merge and form conglomerates significantly contributed to the development of disease recurrence (OR 4,88; 95% CI 1,2 to 20,5; p=0,03).

Conclusion: LDS is more common in females with increased body mass index and chronic venous insufficiency. Increase of clinical and laboratory inflammatory activity parameters is not typical for LDS. The recurrence of the disease in our patients was more common after stress and non-compliance. Merging nodes in conglomerates is a risk factor for recurrence of LDS.

Key words: lobular panniculitis, lipodermatosclerosis, course, outcome