

Appendix C. Differences between Edema, Lymphedema, and Lipedema

	Skin and Pigment Alterations	Edema Characteristics	Part Involved	Treatment
Venous insufficiency edema Elevated venous pressures related to venous valve incompetence and/or obstruction	Skin thickens, becomes fibrosed and woody. Dark pigmentation common. Ulceration common.	Insidious onset, heaviness and pain in legs at end of day, increasing soft, pitting swelling, when chronic becomes hard, irregular with venous eczema common.	Lower legs and feet.	Skin care, compression, manual drainage but there is limited evidence on the benefits of manual drainage on edema associated with venous insufficiency.
Lymphedema Damage and/or blockage of lymph flow, which causes accumulation of high-protein edema	Skin thickened, becomes firm and fibrosed, lymphangitis and cellulitis common. Ulceration not common.	May be congenital; may be sudden onset, otherwise may be gradual increase in edema over months or years, pitting if recent onset, indurated and hard if longstanding.	Any extremity or body part; may be one part, one entire side, or one, two, or all extremities.	Weight control, skin care, manual lymphatic drainage, localized procedures such as liposuction, exercise, compression.
Lipedema Increase in fat deposition of lower extremities.	Nontender, soft accumulation of loosely textured fat, symmetric. Usually in women, beginning in adolescence.	None unless combined venous disease. No ulcerations.	Legs and buttocks, feet not involved.	Weight loss, reduction of size by surgery is done in some centers, but not enough evidence to determine long term effect.

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Appendix D. Venous Eczema and Cellulitis

Comparison of Eczema vs. Cellulitis		
Eczema/Dermatitis		Cellulitis
Symptoms	Afebrile Itching Varicose veins/Venous thromboembolism	May have fever Painful No relevant history
Signs	Normal body temperature Erythema, inflamed May be tender Vesicles crusting Eczematic lesions may be on other parts other leg May be unilateral or bilateral	Feverish Erythema, inflamed Tenderness One or a few bulla No crusting No lesions elsewhere Unilateral
Portal of Entry	Not applicable	Usually unknown, but breaks in skin, ulcers, trauma, tinea pedis, and inter-trigo implicated
Investigations Labs	WBC normal Blood culture negative Skin swabs, <i>S. aureus</i> common	WBC high Blood culture usually negative Usually negative except for necrotic tissue

“Lesson of the Week: Importance of Distinguishing Between Cellulitis and Varicose Eczema of the Leg” by C.M. Quartey-Papafio, *British Medical Journal*, 318, pp. 1672-1673. Copyright 1999 by BMJ Publishing Group. Adapted with permission.

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