LIPEDEMA FOUNDATION LIPEDEMA.ORG  CRITERIA FOR	ALLEN& HINES	W O L D et al	B U C K & H E R B S T	S1 GUIDELINES [German] Reich-Schupke et al	FIRST DUTCH GUIDELINES Halk & Damstra	UK BEST PRACTICE GUIDELINES Wounds UK	SPANISH CONSENSUS DOCUMENT Alcolea et al	JWC INTERNATIONAL CONSENSUS DOCUMENT Bertsch et al	US STANDARD OF CARE Herbst et al	KEY AGREEMENTS AND DIFFERENCES
LIPEDEMA DIAGNOSIS	1940	1951	2016	2017	2017	2017	2018	2020	2021	
NAME	LIPEDEMA	LIPEDEMA	LIPEDEMA	LIPEDEMA	LIPEDEMA	LIPOEDEMA	LIPEDEMA	LIPOEDEMA	LIPEDEMA	
ONSET	patient reports GIRLHOOD	NONE DETERMINED	BY the 3rd DECADE of LIFE	HORMONAL CHANGE puberty, pregnancy, menopause	PUBERTY	PUBERTY OR HORMONAL CHANGE	PUBERTY		HORMONE, WEIGHT AND/OR SHAPE CHANGE	Bertsch disagrees with the "dogma" of onset
POPULATION AFFECTED	FEMALE	FEMALE	FEMALE	FEMALE	FEMALE	FEMALE	FEMALE	FEMALE	FEMALE	
SYMPTOMS REQUIRED										
Family history	<u> </u>	<b>✓</b>		<b>✓</b>		<b>~</b>	<b>✓</b>	<b>✓</b>	<u> </u>	No meaningful difference. Authors of guidelines that are silent on family history often cite importance of genetics in other papers
Bilateral and symmetrical subcutaneous tissue enlargement of limbs			<u>~</u>		BILATERAL					No meaningful difference. Although absent in the JWC, other papers by same authors discuss this feature.
Disproportionate fat distribution (upper & lower halves of body)		$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	<u> </u>	<b>✓</b>	$\checkmark$	$\checkmark$	Difference of opinion between whether disproportion is between upper/lower aspects of body, or trunk/limb
Upper Body: Arms affected, sparing hands  Lower Body: Legs affected, sparing feet	<b>✓</b>	<b>✓</b>	30% prevalence		OR ✓		NOT RECOGNIZED; Lipodystrophies or obesity	References that lipedema can be in the arms and legs	30% prevalence of fat tissue in hands	
None or limited weight loss in affected tissues	<u> </u>	<u></u>	<u> </u>		<u> </u>	<b>✓</b>	<u> </u>		<b>~</b>	German S1 and JWC attribute weight loss to loss of comorbid obesity only
Cuffing or ring fold at the ankle or wrist:  Separation between normal and abnormal tissue at the ankle, elbow, or wrist				<u>~</u>	<u>~</u>		<u>~</u>		$\overline{\mathbf{v}}$	Degree of cuffing can be described as slender instep or braceleting
Distal fat tendrils of the knee (popliteus)					Optional criteria IF					
Pain or tenderness to touch or palpitation	USUALLY PRESENT	USUALLY PRESENT	<b>~</b>	<u> </u>	missing 2 OR red check-boxes	$\checkmark$	<u>~</u>	<u>~</u>	Not Always	The presence of pain is noted in ALL guidelines. Whether it is required to distinguish between differential diagnoses (specifically lipohypertropy) is under debate.
Fatigue in extremities					<b>~</b>					
No reduction of volume and/or pain when raising/elevating extremities										
Tendency for easy bruising			$\checkmark$	$\checkmark$	<b>✓</b>	<b>✓</b>	<b>✓</b>		Or vascular fragility	General agreement; although several documents note that this is difficult measure and rely on patient reports
Negative Stemmer's Sign					Noted in 2014		<u> </u>			General agreement; used as a differential diagnostic tool - not as a feature of lipedema
Edema (pitting or nonpitting)	Minimal	Minimal	Minimal	<b>~</b>	MILD edema often accompanies lipedema	Absent or minor in early stages		NO Oedema in lipedema	<u>~</u>	General agreement on mild or minimal edema, but disagreement about whether it is a feature of "pure" lipedema or a comorbidity with progression
Presence of Telangiectasia			<b>~</b>				NOT unique to lipedema as 50% of women have C1 of CEAP classification			Most see it as a comorbidity
Altered skin appearance or temperature	SOFT & PLIABLE	SOFT & PLIABLE	SOFT COLD			<u> </u>	<b>~</b>			
Altered subcutaneous tissue texture: thickening, nodules			GRANULAR to NODULAR		THICKENED	ALTERED	SOFTER		NODULES 🗸	Largely in agreement that textural changes are important, but mainly for differential diagnosis. The US SOC advocates including it in diagnosis
Heavy feeling in legs or extremities				$\checkmark$	<b>~</b>		<b>~</b>	Noted as a symptom of pain		
Psychological involvement	Potential Comorbidity	Potential Comorbidity	Potential Comorbidity	Potential Comorbidity		Potential Comorbidity			Potential Comorbidity	Psychological involvement is noted in ALL of the consensus documents. Key difference - part of clinical criteria OR efffect of living with chronic condtion
Abnormal gait and limited mobility (flat feet, genu valgum)					Noted in 2014	<u>~</u>	Comorbidity		Comorbidity	
Hypermobility						Association Noted	Comorbidity		Comorbidity	Only US SOC advocates using Beighton criteria in diagnosis criteria; others see as comorbidity or are silent
Muscle weakness						$\checkmark$	Comorbidity		Comorbidity	
Decrease in skin elasticity							Comorbidity		Comorbidity	

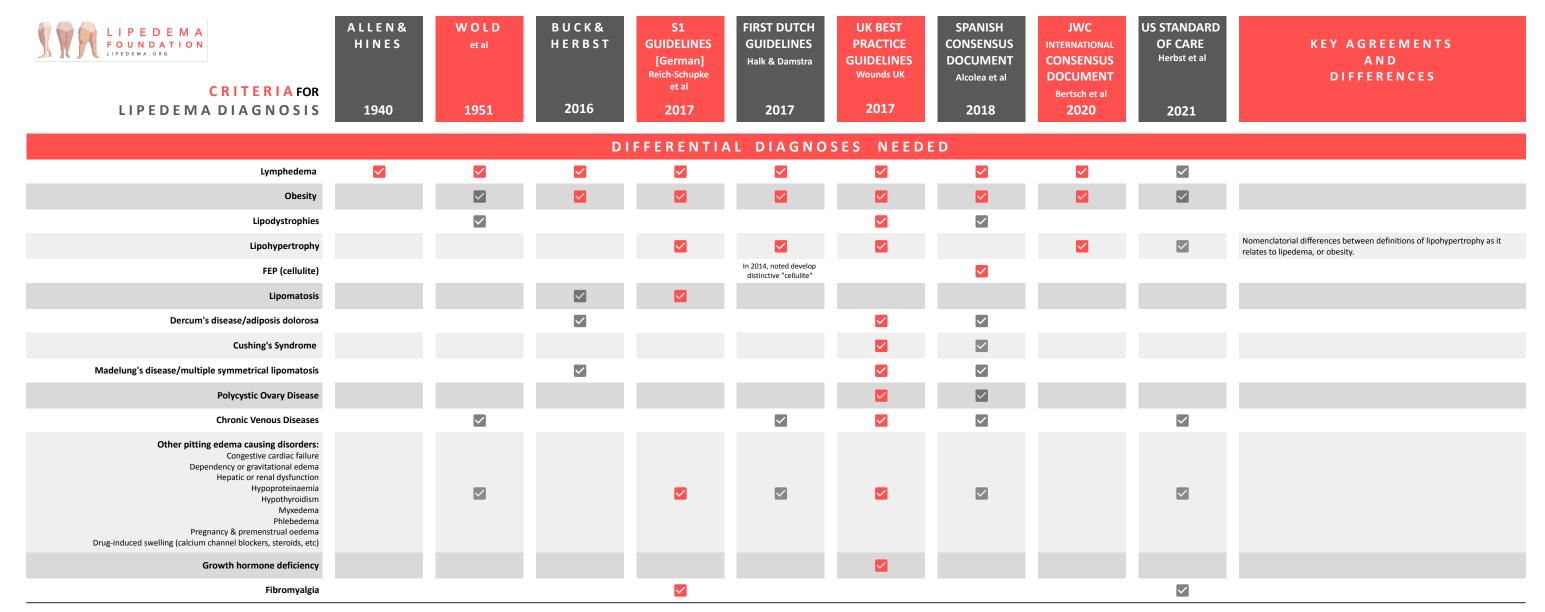


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Highlighted in a table or figure 🔽

Listed or mentioned in text of the document

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