CIRENCESTER HEALTH GROUP

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# Lipodermatosclerosis

Lower-leg inflammation and hardening caused by problems with the veins

## What is lipodermatosclerosis?

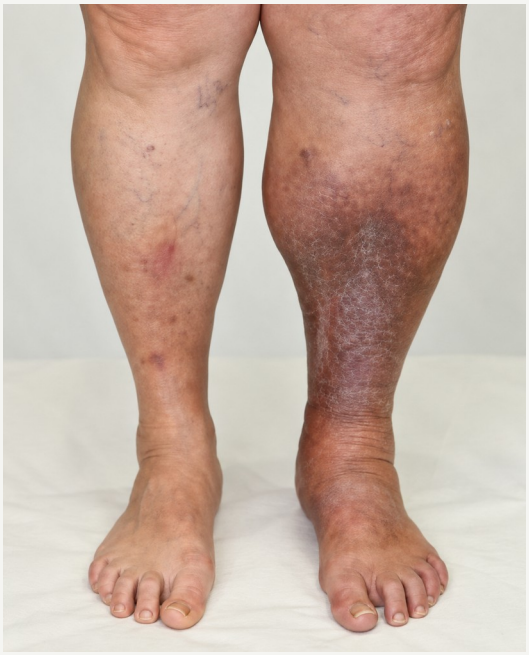
Lipodermatosclerosis is inflammation and scarring of the skin and fatty tissue under the skin of the lower leg. It usually develops because blood is not returning normally through the leg veins.

### What does the name mean?

“Lipo” refers to fat, “dermato” to skin and “sclerosis” to hardening. The condition can be painful during a flare and can become firm or “woody” over time.

### What can it look like?

Established lipodermatosclerosis often causes firm, darker or discoloured skin around the lower calf and ankle. The lower leg can narrow above the ankle, giving the classic “inverted champagne bottle” shape.



**Illustrative example of established changes.**

Appearance varies. Lipodermatosclerosis may affect one leg more than the other and can look different on different skin tones.

## Call 999 now if

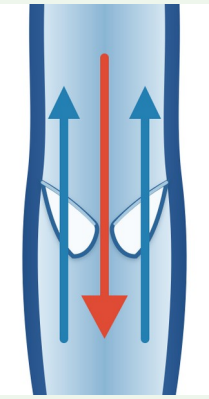
New leg pain or swelling comes with chest pain, sudden breathlessness, coughing up blood or collapse. These can be signs of a blood clot that has travelled to the lungs.

## The important point

Lipodermatosclerosis is a sign of underlying venous disease. Treating the skin can help, but reducing venous pressure and considering the underlying vein problem are important too.

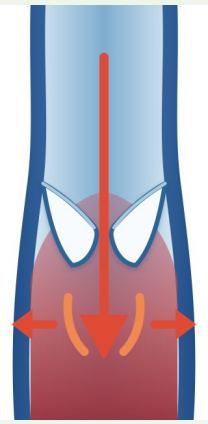
## Why does it happen?

Lipodermatosclerosis develops when pressure stays too high in the leg veins. Over time this affects the tissues around the ankle and lower calf.



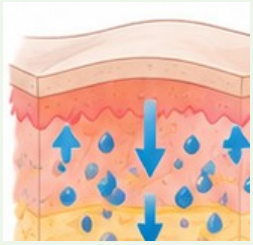
**1 Vein valves do not close properly**

Blood can flow backwards through the gap instead of moving efficiently up the leg.



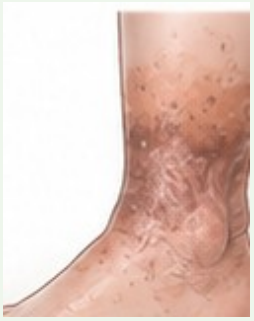
**2 Blood pools and pressure rises**

Persistent venous pressure is greatest around the lower leg and ankle.



**3 Fluid and inflammation affect tissues**

Fluid and inflammatory substances move into the surrounding tissue.



**4 Skin and fat become hard and scarred**

Repeated inflammation can cause colour change, eczema, fibrosis and hardening.

## What has caused this?

No single behaviour causes lipodermatosclerosis. Age, family tendency, previous pregnancy, varicose veins, a past deep-vein thrombosis, reduced mobility and body weight can all contribute. Movement and weight support can help some people, but they are only part of the picture.

## What might I notice?

- Aching, heaviness, tenderness or swelling, often worse after standing.
- Itchy, dry, flaky or inflamed skin, sometimes with venous eczema.
- Skin that becomes darker, purple-grey, brown or otherwise different from your usual skin colour.
- Firm, tight or “woody” skin. The lower leg may narrow above the ankle, creating an inverted champagne-bottle shape.
- One or both legs can be affected. Lipodermatosclerosis can sometimes look like cellulitis.

## A flare can look different from established disease

ACUTE FLARE **More inflamed and painful**

A flare can become tender, painful and inflamed around the lower leg. Because infection can look similar, a new hot or rapidly worsening leg should not be assumed to be lipodermatosclerosis.

LONGER TERM **Harder and more scarred**

Over time the skin and tissue can become darker, tight and firm. Fibrosis can narrow the leg above the ankle and increase the risk of fragile skin and venous ulcers.

## Get medical advice today if

One leg becomes newly swollen, painful or warm; or the skin becomes newly painful, hot and swollen, especially if you have fever or shivering. These symptoms can be caused by a blood clot or cellulitis and need assessment. Redness may be harder to see on brown or black skin, so also check for warmth, tenderness, swelling and a change from your usual skin colour.

## How do we check the diagnosis?

A clinician will usually diagnose lipodermatosclerosis from the story and examination. We also look for other causes of swelling or inflamed skin, including infection and blood clots.

AT CHG **Examination**
We look at the skin and swelling, ask about previous clots and vein problems, and check the circulation in your feet. A typical pattern may be enough to make the diagnosis.

WHEN NEEDED **Doppler pressure assessment**
If compression is being considered, we may need to compare blood pressure at the ankle and arm. This helps check that the arterial blood supply is safe for the planned compression. CHG nurses provide Doppler assessments.

VASCULAR SERVICE **Duplex ultrasound**
If you are referred for specialist assessment, a duplex scan can show which veins are leaking or blocked and help plan treatment. We may refer you because these skin changes can be a sign of an underlying vein problem that may benefit from specialist treatment.

OCCASIONALLY **Other tests**
Blood tests may be used if another cause of swelling is suspected. A skin biopsy is rarely needed and is used cautiously because lower-leg wounds can heal poorly.

### If the skin breaks
Contact CHG promptly for a new wound or ulcer. If a break in the skin below the knee has not healed within 2 weeks, we may refer you to a vascular service to check whether problems with the veins are delaying healing and whether treatment could help.

## What can I do each day?

- Keep moving within your ability. Walking and ankle movements help the calf muscles push blood upwards.
- Avoid long periods standing or sitting still. Raise your legs when resting if this is comfortable.
- Protect the skin from knocks and scratching. Check for new cracks, sores or leaking areas.
- Use an unperfumed emollient regularly if the skin is dry. A pharmacist or clinician can help you choose one.

### Emollients and fire safety
Emollient residue on clothing, bedding and dressings can make fabric burn more easily. Do not smoke or go near naked flames. This warning applies to paraffin-free emollients too.

## What treatments might help?

SKIN **Moisturisers and steroid treatment**
Regular emollients protect dry skin. If there is inflamed venous eczema, a clinician may prescribe a topical steroid for a limited course. Use the strength and duration you have been given.

CIRCULATION **Compression**
Correctly fitted compression can reduce swelling and venous pressure. It is not “one size fits all”. A trained clinician should assess your circulation and choose the type and pressure. Do not start strong compression or tightly wrap the leg yourself.

VEINS **Specialist treatment**
If underlying superficial veins are suitable for treatment, a vascular service may offer procedures such as endothermal ablation or foam sclerotherapy. The specialist will discuss whether treatment is suitable and its benefits and risks.

### Compression should not cause new severe symptoms
If compression causes new severe pain, numbness, a cold foot or marked colour change, remove it and seek urgent medical advice. Ask for help if stockings are difficult to put on or do not fit properly.

## Will it go away?

Symptoms such as swelling, itching and inflammation can improve. Established hardening or colour change may not disappear completely, and flare-ups can recur. Good skin care, movement, appropriate compression and treatment of the underlying veins can reduce symptoms and help protect against ulcers.

### Living with it

Pain, itching, stockings, dressings or the appearance of your legs can affect sleep, clothing, work and confidence. Tell us what is hardest to manage. We can adapt the plan, help with compression aids and discuss work or caring needs.

### Your next step

### At your review, ask
Is the diagnosis clear? Is compression safe for me? Do I need a vascular referral? What should I do if the skin breaks? When will we review progress?

## Contact CHG

- **Routine help:** use the CHG appointments and online contact page: cirencesterhealthgroup.co.uk/appointments/
- **Reception:** 01285 653122 or 01285 653184.
- **When CHG is closed:** call NHS 111 for urgent medical advice.
- **Emergency:** call 999.

**Further information: NHS “Varicose eczema” and Legs Matter.**