

Clinical Differential Diagnosis of the Swollen Leg

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Edema=
visible and palpable swelling caused by
an increase of fluid content of the
intertitium

This is a symptom of an underlying
disease and not a diagnosis

Causes for oedema

Lymphatics are always involved

Increase of lymphatic load

- Increase of fluid extravasation from the blood capillaries into the tissue due to
 - Inflammation
 - Trauma
 - Venous-capillary hypertension
- OEDEMA

Damage of lymphatic drainage

- Decompensation after overloading
 - Structural damage of lymphatics
- ↓
- LYMPHOEDEMA

Different forms of swelling have different causes

Clinical picture	Pathogenesis
Venous: DVT, PTS, CVI, VMF	Reflux, Obstruction
Dependency syndrome	Immobile sitting
Lymphedema	Lymphatic damage
Lipedema	Fat deposition in the legs
Inflammation	Ischemia, infection, trauma
Artificial	Tourniquet
Cyclical idiopathic	Capillary leakage

Differential diagnosis of the swollen leg

Mainly unilateral

- DVT
- PTS
- CVI
- Angiodysplasias
- Cellulitis, Arthritis
- ACA
- Baker cyst
- **Lymphedema**

Mainly bilateral

- Lipedema
- Cyclic idiopathic
- cardiac, renal, hepatic, dysproteinemic
- Drugs: Cortisone, Ca antagonists, diuretics etc

More important than unilateral/ bilateral:

Proximal
(descending)
swelling



Always search for a cause!

In lymphedema



exclusion of „secondary“
lymphedema

especially of „malignant“
lymphedema

Books

- **Diseases of the Lymphatics**

N. Browse, K. Burnand, P. Mortimer
Arnold, London, 2003

- **Textbook of Lymphology**

M. Földi, E. Földi, S. Kubik
Urban & Fischer, München, Jena, 2003