

LIPOEDEMA DEVELOPING AFTER POSTMENOPAUSAL HORMONE REPLACEMENT THERAPY: A CASE REPORT

Aybüke BULUT¹, Goncagül KINDAN¹, Batuhan BULUT²,

¹GAZIANTEP CENGİZ GÖKCEK WOMEN'S HEALTH AND CHILDREN'S DISEASES HOSPITAL

²GAZIANTEP CITY HOSPITAL

INTRODUCTION: Menopause is a physiological process characterized by a decrease in estrogen levels due to the loss of ovarian function with age. During this period, vasomotor symptoms, sleep disorders, emotional changes, and a decrease in quality of life are very common. Menopausal hormone replacement therapy (HRT) is considered the most effective treatment method, especially for women with moderate to severe vasomotor symptoms. Estrogen has a major role in fat tissue distribution. Lipoedema is a chronic and progressive fat tissue disease, mostly seen in women, characterized by disproportionate fat accumulation, tenderness, edema, and pain in the extremities. The fact that the disease often appears during hormonal change periods such as puberty, pregnancy, and menopause supports the effect of hormonal factors on the disease. However, cases of lipoedema developing after HRT during menopause are very limited in the literature.

CASE: A forty-nine-year-old patient, gravida 4 parity 4, applied to our clinic with complaints of amenorrhea for about 1 year, hot flashes, night sweats, sleep irregularity, and a significant decrease in quality of life. She had no known disease history in her medical background. The patient's body mass index was 29.8 kg/m². After clinical evaluation, breast examination, smear test, ultrasound, and blood tests, daily 1 puff of 0.1% transdermal estradiol and cyclic 200 mg progesterone treatment were started for menopausal symptom control. At the first-month follow-up, the patient stated that her hot flashes had not improved, but her sleep problems had improved. After ultrasound and blood test evaluation, continuation of daily 2 puffs of transdermal estradiol and cyclic 200 mg progesterone treatment was planned. At the second-month follow-up, the patient stated that all her complaints had resolved and that she felt very happy. After laboratory and ultrasound evaluations, continuation of treatment was considered appropriate. At the third-month follow-up, the patient stated that her daughter had lipoedema and that similar symptoms had started in herself as well. She also said that when she visited her daughter's doctor, she was diagnosed with lipoedema too. On physical examination, increased fat tissue, tenderness, and pain were observed in both lower extremities. Venous Doppler ultrasonography showed no signs of venous insufficiency or thrombosis. As a result of the clinical evaluation, a consensus was reached on the diagnosis of early-stage lipoedema. Due to the relationship between HRT and symptom onset, lifestyle modifications, compression recommendations, and multidisciplinary follow-up were planned. Hormone therapy was re-evaluated, the treatment dose was reduced back to the initial dose, and the patient was placed under close follow-up.

CONCLUSION: Although the pathophysiology of lipoedema has not been fully clarified, hormonal changes are thought to play an important role in the development of the disease. Especially because of the effects of estrogen on adipose tissue distribution, microvascular permeability, and inflammation, menopausal hormone therapy may trigger diseases such as lipoedema in susceptible individuals. This case is important because it draws attention to lipoedema findings developing within a short time after menopausal HRT. Larger case series, longer-term study results, and prospective studies are needed to clarify this issue.

KEYWORDS: menopause, hormone replacement therapy, lipoedema

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