

Case Report

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# Lipomatosis With Hypertensive Emergency and Angina in Suspected Dercum's Disease-A New Association And Interpretation

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## Abstract

**Rationale:** Lipomatosis is an autosomal dominant condition in which multiple lipomas are present in the body. It is one of the most commonly found mutations in solitary lipomatous tumors but lipomas often have multiple mutations. A hypertensive crisis is a remarkable lethal sequence of hypertension. Patient concerns: A middle-aged furniture worker married heavy smoker male, Egyptian patient was presented to the physician outpatient clinic (POC) with angina, a hypertensive crisis with associated lipomatosis. Diagnosis: Lipomatosis with hypertensive emergency and angina in suspected Dercum's disease. Interventions: Electrocardiography, echocardiography, and oxygenation. Outcomes: Good responses for both angina and hypertensive emergencies despite the presence of numerous remarkable risk factors were the results. Lessons The association of hypertensive emergency and angina in a heavy-smoker middle-aged male patient with lipomatosis and suspected Dercum's disease is a highly interesting new association in the current case study. Not all patient thinks such as think that eating adulterated honeybees and its relation to induce hypertensive emergency and angina are considered. It may be a doubt.

**Keywords:** Tumor; Lipoma; Ischemic Heart Disease; Hypertensive Crisis; Dercum's Disease; Lipomatosis

**Abbreviations:** BP: Blood Pressure; DD: Dercum's Disease; ECG: Electrocardiogram; ICU: Intensive Care Unit; IHD: Ischemic Heart Disease; O2: Oxygen; POC; Physician Outpatient Clinic; SAT: Subcutaneous Adipose Tissue; VR: Ventricular Rate

## Introduction

It is thought that lipomatosis is an autosomal dominant genetic disorder in which multiple lipomas are present in the body. Several distinguished, encapsulated lipomas on the trunk and extremities, but slightly few on the head and shoulders [1]. By 1993, a genetic polymorphism within lipomas was described as at chromosome 12q15 with the HMGIC gene encoding the high-mobility-group protein isoform I-C [2]. Lipomatosis may be associated with Proteus syndrome, Cowden syndrome, PTEN gene mutations, benign symmetric lipomatosis (Madelung disease), Dercum's Disease, familial lipodystrophy, hibernomas, epidural steroid injections, and familial angiolipomatosis [3]. Dercum's disease (DD) is autosomal dominant with painful subcutaneous adipose tissue (SAT) disorders [4]. The DD was first described by an American neurologist in Philadelphia, Dr. Francis Xavier Dercum (1856-1931) [5]. as a 51-year-old woman of Irish heritage

with severe pain and enlarged SAT on her arms and back [6]. Dercum's disease is also identified as adiposis dolorosa. Being overweight or obese, emotional instability, sleep disturbances, weak concentration, and difficulty in think are reported associated symptoms. The treatment strategy in patients with Dercum's disease. Symptomatic treatment is the main option. Liposuction is a reported method of choice in Dercum's disease [7]. Hypertensive crises are acute noteworthy elevations in blood pressure (BP) that are associated with end-organ damage such as acute myocardial infarction (AMI), cerebrovascular accident (CVA), acute pulmonary edema, or acute renal failure (ARF) is defined as a hypertensive emergency. There is a marked elevated BP or >180/120 mmHg are common issues in the emergency department (ED). It represents the most urgent danger to those afflicted versus the essential need for lifesaving antihypertensive therapy. Immediate diagnosis and appropriately aggressive management are essential [8].

**Case Presentation**

A 55-year-old furniture worker married heavy smoker male, Egyptian patient was presented to the physician outpatient clinic (POC) with acute chest pain and severe headaches. The chest pain was ischemic. He gave a recent history of eating adulterated honeybees for about 3 hours. He also gave a history of several body soft painful subcutaneous since about 25 years. Confusion, difficulty in think, insomnia, and headache are chronic intermittent symptoms. Chronic use of analgesics for headache but there is no response was reported. Upon general physical examination; generally, the patient was anxious, with a regular rapid pulse rate of 64, blood pressure (BP) of 200/130 mmHg, respiratory rate of 17 bpm, GCS of 15/15, a temperature of 36°C, and oxygen (O2) saturation of 97%. He seemed obese. There are multiple lipomas in different body parts (Figure 1). No more relevant clinical data were noted during the clinical examination. The patient was refused to be referred to the ICU. Initially, he was treated with O2 inhalation (100%, by nasal cannula, 5L/min) and one sublingual isosorbide dinitrate tablets (5 mg, as needed). The patient maintained monitoring in the POC for about 2 hours till controlling the BP. After controlling the BP, SC enoxaparin 80 mg,

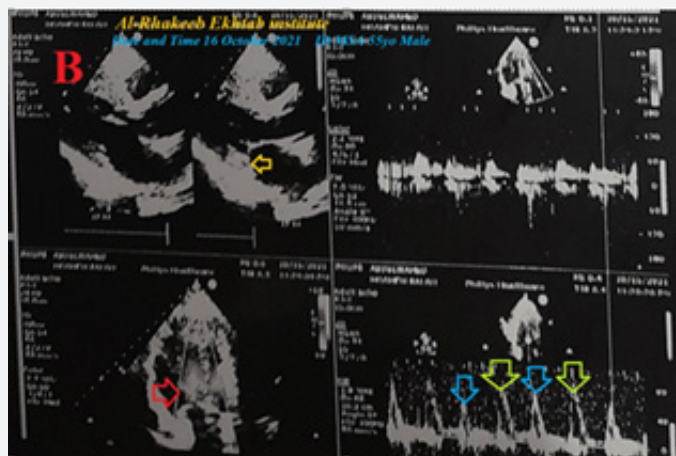
BID), labetalol tablets (100 mg, OD), captopril tablets (25 mg; BID), aspirin 4 tablets (75 mg, then OD), clopidogrel 4 tablets (75 mg, then OD), and nitroglycerin retard capsules (2.5mg, BID) were added. The initial complete blood count (CBC); Hb was 13.7 g/dl, RBCs; 4.78\*10<sup>3</sup>/mm<sup>3</sup>, WBCs; 7.3\*10<sup>3</sup>/mm<sup>3</sup>(Neutrophils; 56.6 %, Lymphocytes: 32.2%, Monocytes; 6.2%, Eosinophils; 4.0% and Basophils 1.0%) and Platelets; 156\*10<sup>3</sup>/mm<sup>3</sup>. The troponin I test was normal (0.02 ng/ml). Serum creatinine was normal (1.2mg/dl). RBS was normal (122 mg/dl). Serum potassium was slightly low (3.4mmol/L). The initial ECG tracing was done on the day of the presentation to the POC showing normal sinus rhythm (NSR) of VR; 66. There is a normal variant ST-segment elevation in V2 and 3 leads (Figure 2A). The echocardiography was done on the second day of presentation to the POC showing mild left ventricular hypertrophy, sclerotic thickened MV, mild MR, and diastolic dysfunction with EF of 62% (Figure 2B). Lipomatosis with hypertensive emergency and angina in suspected Dercum's disease was the most probable diagnosis. The patient was continued on the above treatment for 3 days at home and continued on labetalol tablets (100 mg, OD), nitroglycerin retard capsules (2.5mg, BID), aspirin tablet (75 mg, OD), clopidogrel tablets (75 mg, OD), and. Future cardiac and surgical follow-up was advised.



**Figure 1:** A photo for both forearms of the patient was taken on the day of the presentation to the POC showing multiple bilateral variable-sized and tender lipomas (white circles).



**Figure 2A:** ECG tracing was done on the day of the presentation to the POC showing NSR of VR; 66. There is normal variant ST-segment elevation in V2 and 3 leads (orange arrows).



**Figure 2B:** Echocardiographic image were done on the day of the second of presentation to the POC showing mild left ventricular hypertrophy, sclerotic thickened MV (orange arrows), mild MR (red arrow), and diastolic dysfunction (blue and lime arrows) with EF of 62% (orange arrows).

## Discussion

### Overview:

- i. A middle-aged furniture worker married heavy smoker male, Egyptian patient was presented to the POC with angina and hypertensive crisis with associated lipomatosis.
- ii. The primary objective for my case study was the presence of angina and hypertensive crisis with associated lipomatosis in heavy smoker male patient in the POC.
- iii. The secondary objective for my case study was the question of how would you manage this case in the ICU.
- iv. Interestingly, the presence of several body soft painful subcutaneous lipomas, confusion, difficulty in thinking insomnia, and headache are chronic intermittent symptoms, obesity, and chronic use of analgesics for headaches with no response will strengthen the higher suspicion of a diagnosis of Dercum's disease.
- v. Think the history of eating adulterated honeybees may be supporting doubt. So, hypertensive emergency and angina are probably after this doubt.
- vi. Neurofibromatosis type 1 was the most probable differential diagnosis for the current case study. However, the clinical differentiation will exclude it.
- vii. I can't compare the current case with similar conditions. There are no similar or known cases with the same management for near comparison.
- viii. The only limitation of the current study was the unavailability of tumor biopsy.

## Conclusion and Recommendations

- i. The association of hypertensive emergency and angina in a heavy-smoker middle-aged male patient with lipomatosis and suspected Dercum's disease is a highly interesting new association in the current case study.
- ii. Not all patient thinks such as think that eating adulterated honeybees and its relation to induce hypertensive emergency and angina are considered. It may be a doubt.

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