Madelung's Disease: A Rare Diagnosis Behind a Common Risk Factor

Doença de Madelung: Um Diagnóstico Raro por Trás de um Fator de Risco Comum

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Madelung's disease (MD), also known as multiple symmetric lipomatosis or Launois-Bensaude syndrome, is a rare lipid metabolism disorder characterized by the progressive, symmetrical, and diffuse accumulation of non-encapsulated adipose tissue.[1] Although its exact etiology remains unclear, chronic alcohol consumption is thought to promote a focal lipolytic defect due to mitochondrial dysfunction and adipocyte hyperplasia in genetically predisposed individuals.[2] The condition predominantly affects men between the ages of 45 and 65, particularly those of Mediterranean descent, with most cases reported in Europe.[3]

This clinical case describes a 59-year-old male, a smoker with a long-standing history of alcohol abuse and hepatic steatosis, who presented to his new family doctor for routine follow-up of chronic obstructive pulmonary disease. On physical examination, were observed large masses of a soft, elastic consistency, non-tender and non-adherent to deep planes, approximately symmetrical in location at the level of the posterior cervical, posterior thoracic and lumbar regions. These masses progressively increased over 10 years without causing associated symptoms, including dyspnea, dysphagia, or dysphonia. The patient reported a prior surgical excision of one of the lesions, which subsequently recurred. Ultrasound showed bilateral lipomatous tissue hypertrophy in the supraclavicular, submandibular, posterior cervical triangle and scapular regions. Cervical computed tomography (CT) confirmed symmetric fatty accumulation in these areas, mainly superficial, with minimal deep involvement. The presence of multiple symmetrical lipomas in a patient with a significant history of alcohol consumption led to the diagnosis of MD.

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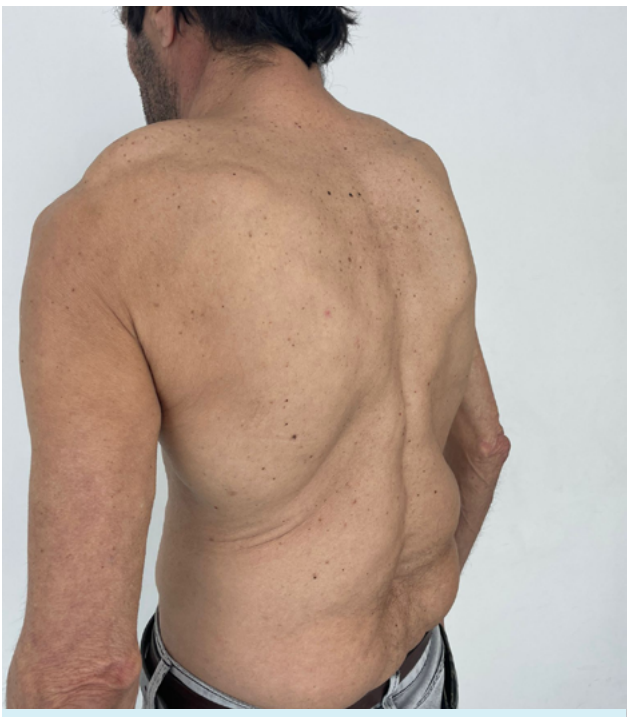

FIGURA 1. Patient with Madelung's disease

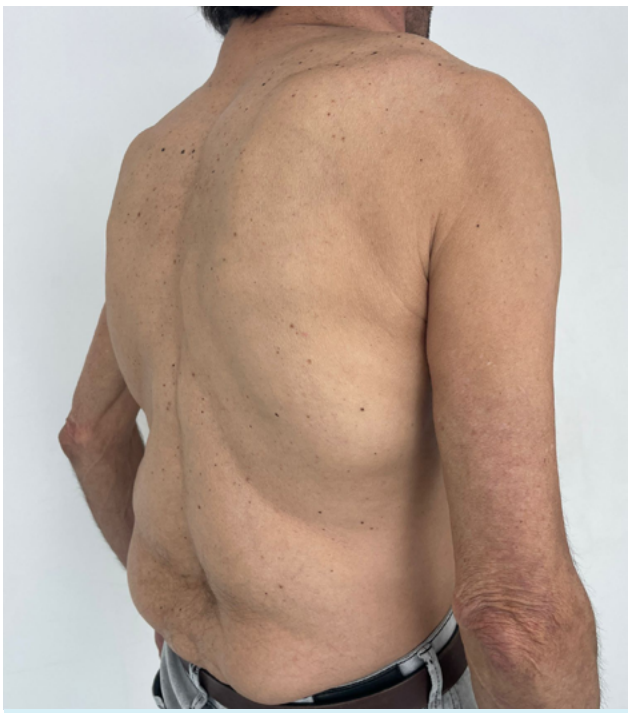

FIGURA 2. Cervical, posterior thoracic and lumbar masses

Management includes alcohol abstinence, which may slow the disease progression.[1] Lipectomy or liposuction is considered for cosmetic reasons, functional or psychological impairment, or compression of adjacent structures, although recurrence is common.[4,5]

This case highlights a rare disease that appears to be associated with modifiable and clinically relevant risk factors. Early recognition of MD is essential to prevent complications and to guide appropriate therapeutic strategies.

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MSG, ACR - Conceitualização, cuidados com o paciente, redação e revisão do artigo.

FMB - Conceitualização, redação e revisão do artigo.

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REFERENCES

1. Cavaco R, Man M, Nunes A, Machado C, Gorjão Clara JP. O Guerreiro Capestrano em Portugal doença de Madelung: casos clínicos e revisão da literatura. Med Interna. 2013;20:68-72.
2. 2.2 Chen KK, Ni LS, Yu WH. Madelung disease: A case report. World J Clin Cases. 2021;9:1983-8. doi: 10.12998/wjcc.v9.i8.1983.
3. Liu Q, Lyu H, Xu B, Lee JH. Madelung disease epidemiology and clinical characteristics: a systemic review. Aesth Plast Surg. 2021;45:1920-33. doi: 0.1007/s00266-020-02083-5
4. Jiao C, Liu W, Qiao Y, Qi S, Shen Y. A case report on Madelung's disease and comprehensive review of the literature. Orphanet J Rare Dis. 2024;19:302. doi: 10.1186/s13023-024-03303-w
5. Ramos S, Pinheiro S, Diogo C, Cabral L, Cruzeiro C. Madelung disease: a not-so-rare disorder. Ann Plast Surg. 2010;64:122–4. doi: 10.1097/SAP.0b013e31819bd729