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Subcutaneous Nodules in a Kidney Transplant Recipient: Familial Multiple Lipomatosis[☆]



Nódulos subcutáneos en paciente trasplantado renal: lipomatosis familiar múltiple

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Our patient was a 58-year-old man with a history of type 1 diabetes and kidney transplant. He was referred for evaluation of multiple asymptomatic tumors that had started to appear during his second decade of life. He described similar lesions in his father and daughter. Physical examination revealed more than 100 well-defined, mobile subcutaneous nodules with a rubbery consistency. The lesions measured 1 to 6 cm in diameter and were widely distributed except on the head, neck, and shoulders (Figure 1). After ultrasound confirmation, a diagnosis of familial multiple lipomatosis (FML) was made. FML is a rare disease with autosomal dominant inheritance but, in contrast to solitary lipomas, gene *HMG2* (12q15) is not implicated; nor are genes *NF1* (neurofibromatosis), *SPRED 1* (Legius syndrome), or *PTEN* (Cowden syndrome) involved. There is no association with other diseases, though isolated reports have been published of cases in families with hyperlipidemia or celiac disease. The differential diagnosis should include other diffuse lipomatoses, such as Madelung disease, in which the lesions predominate on the neck and shoulders, lipomatosis related to high alcohol intake, and Dercum disease, with



Figure 1

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painful accumulations of adipose tissue particularly in the legs of perimenopausal women. FML is completely benign, and there have been no reports of malignant degeneration. No treatment is required.