***Oedeem, perifeer %a***

DD/

cardiaal: r decomp, pericarditis

nefrogeen: hypoalb door nefrotisch

hepatogeen: cirrhose, v cava inf door kleine bekkentumor (zeldzaam)

immobilisatie

vasc: sepsis (ziek), erysipelas, cellulitis

med: Na-retentie door NSAID, mineralocorticoiden (K verminderd), drop

lokaal: trombose, veneuze insuff

myxoedeem (zeldzaam: i.s. ophoping albumine door thyroxine-)

lymfoedeem (zeldzaam: filariasis, lymfomen)

idiopathisch (vrouwen, diuretica, RAAS)

SPEC/ lymfoedeem is niet pitting; cardiaal: CVD en hepatomegalie; nefrotisch:

geen cardiale, lever of nieraandoening

**duur (cave DVT)**

**pijnlijk (DVT, dystrofie, lipedeem, in lichte mate veneuze insufficientie)**

**'s ochtends beter**

**pitting: myxoedeem, fibrotisch lymfoedeem niet**

**unilateraal:**deep vein thrombosis, venous insufficiency, or lymphedema

dorsum of the foot is spared in lipidema but prominently involved in lymphedema.

ook buiten benen: ascites, peri-orbitaal

spataderen

>50 pleit voor veneuze insufficientie

**OSAS (pulmonale HT)**

med, alcohol

· **c**alcium channel blockers, prednisone, and anti-inflammatory drugsCalcium channelblockers Beta blockers Clonidine Hydralazine Minoxidil Methyldopa **Hormones** Corticosteroids Estrogen Progesterone Testosterone **Other** Nonsteroidal anti-inflammatory drugs Pioglitazone, Rosiglitazone Monoamine oxidase inhibitors

Is there a history of pelvic/abdominal *neoplasm* or *radiation*?

· Body mass index: sleep apnea and venous insufficiency.

· Kaposi-Stemmer sign: inability to pinch a fold of skin on the dorsum of the foot at the base of the second toe is a sign of lymphedema.[15,22]

· Skin changes: a warty texture (hyperkeratosis) with papillomatosis and brawny induration are characteristic of chronic lymphedema

· Brown hemosiderin deposits on the lower legs and ankles are consistent with venous insufficiency.

· Reflex sympathetic dystrophy initially leads to warm tender skin with increased sweating. Later the skin is thin, shiny, and cool. In the chronic stage, the skin becomes atrophic and dry with flexion contractures.

· findings of heart failure (especially jugular venous distension and lung crackles) and liver disease (ascites, spider hemangiomas, and jaundice) may be helpful in detecting a systemic cause.

**Laboratory Tests:** alg lab

* alb

· may have *cardiac etiology:* ECG, echo, X-thorax, BNP

· D-dimeer

· chol bij nefrotisch syndroom

**Imaging Studies.**

>45 en eci: echocardiogram (pulmonary hypertension)

*Idiopathic edema*

young women

diagnose: history and physical examination

further testing not necessary

***Lymfoedeem (Schemmertest)***

Therapie maligniteit oksel/mamma/extremiteit (RT, chir) of hoofd/hals, gyn

Lymfangitis carcinomatosa

Recidiverende cellulitis

DVT

post-trombotisch

hypertrofie

lipoedeem

filariasis (eo)

arthritis

obesitas