Clinical vignette

Unilateral leg swelling in an adolescent girl

A 9-year-old girl presented with a 10-day history of swelling of the left leg that occurred spontaneously and gradually increased in size by 33%. She reported discomfort and pain in the calf and upper thigh. The skin of the left lower leg was pink and hot, and pitting oedema was noted. The rest of the history and examination were unremarkable. MRI (Fig. 1) was suggestive of a lymphatic abnormality and a diagnosis of lymphoedema praecox was confirmed with lymphoscintigraphy.

Lymphoedema praecox (also known as Meige’s disease) is the most common form of primary lymphoedema. It results from a congenital abnormality in the lymphatic vessels. The delay between birth and clinical manifestation may be due to an exacerbation of the underlying lymphatic defect by an event such as trauma or infection [1]. Lymphoedema praecox affects approximately 1 per 100,000 females and 1 per 400,000 males [2], with the peak incidence occurring during puberty [2]. Management is conservative and is focused on avoiding tight clothing or trauma to the area. Lymphoedema praecox is an important differential diagnosis in teenagers, particularly females, presenting with acute swelling of the leg.

Disclosure statement: The authors have declared no conflicts of interest.

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References


Fig. 1 Magnetic resonance scan suggestive of lymphoedema praecox.