

Lipomatosis in a Developing Community

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Abstract

A Birmingham (UK) group postulated that a histopathology data pool opens the gate to epidemiologic analysis. Such a pool came into existence among an Ethnic Group called the Ibos or Igbo in South-eastern Nigeria. Personal analysis of it from the 1970s to 2000 yielded 22 examples. Among them, one case was familial. Most occurred in males, the M/F ratio being 19/3. None was detected outside the skin. Most cases were diagnosed at the Cosmopolitan Enugu (12 cases), while the next ranking town was Afikpo (4 cases), this being a missionary outpost in the hinterlands. Concerning age, most males were in the 21-40 age groups, whereas the females were in the 41-61 older age bracket. Hardly any was painful. With 4 cases submitted by a specialist in Dermatology, most were sent by other single practitioners.

Keywords: Skin; Lipomatosis; Cosmopolitan; Missionary; Igbo; Nigeria

Introduction

The lipoma, common benign skin lesions, has long been of interest [1]. When it is scattered all over the body, it merits the name of lipomatosis. Twenty-two such cases were encountered among the Ibo or Igbo Ethnic Group [2] in Nigeria. They merit documentation.

Investigation

Table 1: Epidemiological data on lipomatosis.

S/No.	Lab No	Initial	Age	Sex	Town	Doctor
1	B 245/72	EN	50	M	Enugu	Okoro
2	B 580/73	IM	50	M	Ogidi	Mbaneto
3	B 22/74	UC	38	M	Enugu	Okoro
4	B 1086/74	OS	35	M	Enugu	Okoro
5	2075/77	UO	46	M	Enugu	Azie
6	H 151/82	EJ	23	M	Onitsha	Nwokolo
7	UH 2187/86	OC	30	M	Abakaliki	Okonkwo
8	UH 2725/86	EM	23	M	Enugu	Ojukwu
9	UH 3164/88	AC	37	M	Owerri	Uzoh

10	UH 812/89	AT	50	F	Enugu	Udekwo
11	UH 2330/89	OS	40	M	Afikpo	Ariozie
12	UH 915/90	OF	32	M	Aba	Ozuru
13	UH 1803/90	NI	20	M	Enugu	Agbanu
14	A 75/91	EO	11	M	Enugu	Obianyo
15	C 78/91	OJ	25	M	Afikpo	Anomie
16	920242	OU	70	M	Enugu	Ojukwu
17	9205165	OM	29	M	Enugu	Okoro
18	920655	AF	57	M	Enugu	Echezona
19	9210168	EC	50	F	Enugu	Udeh
20	921297	NL	36	M	Afikpo	Ukanwoko
21	940988	IR	52	F	Onitsha	Anyaeze
22	941168	UC	25	M	Afikpo	Mbanao

Table 1 shows that the epidemiological data consign mostly the males, the M/F ratio being 19/3. Only one patient, No. 7, was expressly stated to be of the familial multiple symmetrical type met in the literature [3,4]. The rest showed no striking symmetry. Moreover, much as Enugu, the cosmopolitan city, accounted for the majority of cases, the other notable town, Afikpo, constituted a missionary outpost in the hinterlands. A glaring difference was in the age pattern; whereas males preponderated among the

31-50 cohort, the females were found in the next two decades (Table 2).

Table 2: Age and sex distribution pattern.

Age	M	F	Total
<20	2	-	2
21-30	6	-	6
31-40	6	-	6
41-50	3	2	5
51-60	1	1	2
61+	1	-	1
Total	19	3	22

Discussion

Among the doctors who submitted specimens, the dermatologist had 4; 2 others sent 2 each; and the remaining 15 were responsible for individual cases. Clearly, interest in this field matters as far as use of the facilities is under consideration.

In particular, it was not the dermatologist, who sent in 4 cases that mentioned familial occurrence. Accordingly, this feature requires consideration among the practitioners in this community.

There are reported cases of lipomatosis involving localized areas. They include epidural corticosteroid injection site [5], the larynx [6], the pelvic zone [7], Parkinsonism [8], the heart [9], and even the tongue [10].

The Birmingham (UK) group [11] postulated that establishment of a histopathology data pool helps in epidemiologic analysis. It is this type of pool that has helped in the present paper. Of course, other methods must be applicable. A good local example is the hospital setting in Northern Nigeria in which the experience centered on the shoulder alone [12].

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