
LETTER TO EDITOR (VIEWER'S CHOICE)

SUBCUTANEOUS FAT NECROSIS

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A two month old infant presented with multiple swellings on the body. He was full term at birth. There was history of obstructed labour at birth for which forceps were applied. After that the post natal period was uneventful. The swellings were noticed 10 days after birth, had gradually increased in size and were bilaterally in the neck, shoulders and back. They ranged from 1.5 to 4cm and were mobile, firm, non-tender, indurated and not attached to the underlying structures. His hemogram, serum calcium levels were normal. Parents were not ready for invasive procedures like fine needle aspiration cytology or biopsy. The patient is under follow up with monitoring of serum calcium level monthly.

Subcutaneous fat necrosis or adiponecrosis is a rare, benign, temporary, self-limited pathology affecting adipose tissue of full-term or postmature neonates, usually occurs in the first weeks following a fetal distress [1, 2]. It is characterized by rubbery firm, mobile nodules and erythematous violaceous plaques. The nodules tend to be symmetrically distributed and show a predilection for buttocks, thighs, shoulders, back, cheeks and arms. Histopathologically, it is a variant of lobular panniculitis characterized by focal areas of fat necrosis and a granulomatous infiltrate composed of lymphocytes, histiocytes and multinucleated giant cells.[3] A variety of insults appear to have contributed in individual cases such

as maternal pre-eclampsia [4], maternal diabetes [5], obstetric trauma [6], neonatal hypoxia [1,2] and hypothermia [7]. In many cases there is no convincing history of these putative predisposing causes. Though most cases of subcutaneous fat necrosis are self-limiting, a small but significant percentage of cases develop hypercalcemia. If detected, hypercalcemia must be treated with fluid loading, calcium wasting diuretics and low calcium/ vitamin D diet with monitoring of serum calcium. The differential diagnosis includes erythema nodosum and sclerema neonatorum. [8, 9] The diagnosis is mainly made depending upon the clinical presentation. When the clinical diagnosis is not typical, the histopathological features are helpful [2]. Spontaneous resolution without sequelae is the norm. The patients should be followed for development of late complications, especially hypercalcemia for upto 6 months. [10]

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