Fact Sheet – Panniculitis

Background

Panniculitis is a very rare but treatable condition, sometimes related to alpha-1 antitrypsin deficiency (A1AD). Its estimated prevalence is one in 1,000 patients with the Pi*ZZ A1AD genotype and is often underdiagnosed.(1)

What is Panniculitis?

Panniculitis is an inflammation of the fibrous fatty tissue under the skin. There are two types of panniculitis: **septal** and **lobular:**

- **septal** refers to the walls dividing the lobules of fat
- **lobular** (the most common) refers to the fat globules themselves.

Panniculitis can be caused by other conditions such as Crohn's disease, rheumatoid arthritis and sarcoidosis. Panniculitis manifests as large bumps under the skin that are tender to touch and can produce an oily fluid. It is often found on the thighs and buttocks but also on lower legs and feet and arms. In some people with A1AD, it can be the only symptom. The condition can come and go and may take months or years to resolve. (2)

Diagnosis

To obtain a diagnosis of panniculitis a skin biopsy may be needed. Some medications have been found to be useful including **tetracycline** (an antibiotic) and **dapsone** (an anti-inflammatory). Augmentation therapy for A1AD, such as Zemaira or Prolastin C**,** also work very well in patients with A1AD.(2)

Who Gets Panniculitis and Who Should be Tested?

Panniculitis can affect different A1AD phenotypes with one study showing that patients with ZZ genotyped and more likely to have it. It is important that anyone with panniculitis is tested for A1AD.

Where to go for information and support

Contact Alpha-1 Organisation Australia (A1OA): ph: 0450 406 693, e: contactus.a1oa@gmail.com

References

1. *Neutrophilic panniculitis associated with alpha-1-antitrypsin deficiency: an update.* **Blanco I, Lipsker D, Lar B, et.al.** 4, s.l. : Br J Dermatol, 2016, Vol. 174, pp. 753-62.

2. *Panniculitis in alpha-1 antitrypsin deficiency: a review.* **Stoller JK, Piliang M.** 2, 2008, Clinical Pul Med, Vol. 15, pp. 113-117.

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