

PLJ PHLEBO LYMPHOLOGY JOURNAL

LA FLEBOLINFOLOGIA *clinica ed estetica*

Articoli scientifici

- **Lipedema: cosa insegniamo osservando i nostri pazienti**

Lipedema: what we teach by observing our patients

- **Guarigione clinica di un'ulcera osteomielitica settica**

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A new scientific hub marks the beginning of 2026 for Italian phlebolymphtology

- **V-ITALy Global Summit Rome, September 3-6, 2025**



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Editorial

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With great enthusiasm we present the first issue of the Phlebo Lymphology Journal - PLJ, a scientific journal dedicated to clinical and aesthetic phlebolympology, which was created with the aim of creating a space for discussion, updating and growth for all those who deal with the venous and lymphatic system, in the clinical, surgical and research fields. Phlebolympology, a constantly evolving discipline, today integrates skills from phlebology, lymphology, microsurgery, aesthetic medicine and nutrition. It is precisely this multidisciplinary vision that we wish to promote: an approach that is not limited to the diagnosis and treatment of venous and lymphatic pathologies, but which is able to consider the patient as a whole, also including systemic inflammatory aspects, lifestyle and quality of life.

The objectives of the Journal are clear:

- Publish original scientific articles, case reports and high-level literature reviews.
- Become a training tool for doctors, researchers, young residents and healthcare professionals.
- Offer a space for constant updating on the most relevant scientific events: congresses, conferences, courses and workshops.
- Promote translational research and integration between traditional approaches and new therapeutic methods.
- Enhance the contribution of Italian and Mediterranean research in the international scientific panorama.

The Phlebo Lymphology Journal also aims to be a place of dialogue: through interviews, columns and sections dedicated to young researchers, we will give voice to those who are building the future of phlebolymphology.

The future prospects are ambitious: to make the journal a point of reference for the national and international scientific community, encouraging the dissemination of up-to-date knowledge, stimulating collaboration between scientific societies and encouraging the growth of new generations of specialists. With this first issue, we open a path that wishes to combine scientific rigor, innovation and clinical passion. We invite colleagues to contribute with their works, ideas and projects, so that the PLJ becomes a living, useful and shared tool.

Palermo, 23/12/2025

Edmondo Palmeri
Editor-in-Chief

Lipedema: *what we teach by observing our patients*



Lorenzo Ricolfi

Abstract

Lipedema is a chronic condition characterized by the pathological and painful accumulation of subcutaneous adipose tissue, most frequently affecting the limbs while sparing the extremities. Histological features reveal inflammatory and fibrotic alterations of the connective tissue. Three clinical stages are recognized, with a progressive increase in pathological tissue and nodularity; in advanced forms, lymphatic impairment may also be present. Although a role for estrogens in disease pathogenesis has been widely hypothesized, the analysis of a cohort of more than 350 patients suggests heterogeneous hormonal sensitivity and the possible involvement of multiple endocrine axes. High prevalence rates of obesity ($\approx 40\%$), visceral obesity, insulin resistance (39.2%), ovulatory dysfunction, and hypothyroidism (23%) were observed, along with an unexpectedly high frequency of autoimmune thyroiditis (over 35%). One of the most common comorbidities was marked vitamin D deficiency (84.6%). Body weight strongly influences both onset and progression of lipedema, with earlier disease manifestation and greater severity in individuals who were overweight at menarche. The high familial recurrence rate ($\approx 80\%$) highlights the need for early preventive strategies. A multidisciplinary approach with comprehensive endocrine–metabolic evaluation appears crucial, particularly in light of the potential benefits of GLP-1 receptor agonists for treating associated comorbidities.

Part 1: *the endocrine–metabolic perspective*

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(Patton, Laura et al. “A Case Series on the Efficacy of the Pharmacological Treatment of Lipedema: The Italian Experience with Exenatide.” Clinics and practice vol. 15,7 128. 7 Jul. 2025, doi:10.3390/clinpract15070128)

The term "Lipedema" refers to a pathology first defined by Allen and Hines in 1940, characterized by an increase in subcutaneous adipose tissue associated with transient edema, aggravated by prolonged standing and the heat of the summer season [1].

Lipedema is a chronic disease characterized by a pathological and painful deposition of subcutaneous adipose tissue.

The disease can potentially affect any body area, but most frequently affects the lower and upper limbs, generally sparing the extremities (hands and feet), resulting in a marked disproportion between the volume of the limbs and that of the trunk. The adipose tissue in areas affected by Lipedema presents histological characteristics of an inflammatory and fibrotic nature that not only affect the adipocytes but also involve the entire loose subcutaneous connective tissue (of which the adipocytes are a component) [2-4]. Lipedema is mainly divided into 3 stages based on the clinical characteristics of the skin and subcutaneous tissue.

The severity of the disease increases with the clinical stage:

- **Stage 1:** skin has a smooth texture with subdermal pebblelike feel due to underlying loose connective tissue fibrosis.

- **Stage 2:** women have more lipedema tissue than women with Stage 1 and skin dimpling due to progressed fibrotic changes and excess tissue. Palpable nodules may be more numerous and larger.

- **Stage 3:** features increased lipedema tissue more fibrotic in texture with numerous large subdermal nodules and overhanging lobules of tissue [3].

Some authors use the term "lipo-lymphedema" or Stage IV to define the presence of lymphological alterations that arise in a particularly advanced stage 3, while others have defined "lympho- lipedema" as the clinical picture in which the two pathologies coexist in the same patient, that is, when alterations in the lymphatic system arise and progress in parallel with lipedema and can manifest themselves at any stage of the disease, even in the earliest stages [5].

Until a few years ago, adipose tissue was considered a purely "passive" tissue, responsible for the accumulation of excess energy in the form of fat. Over the years, it has been subsequently demonstrated that this tissue behaves, in all respects, as an endocrine organ capable of secreting hormonal substances and actively involved in the regulation of cellular functions through a complex network of endocrine, paracrine and autocrine signals that influence the function of other tissues and organs, such as, for example, the hypothalamus, pancreas, liver, skeletal muscle, kidneys, the endothelium and the immune system [6].

Since lipedema often manifests with puberty, the use of hormonal contraceptives, pregnancy, and menopause, a relationship between the disease and hormonal changes, particularly estrogen, has been hypothesized [7]. The hypothesis that estrogen influences lipedema is also supported by evidence that the disease has also been found in males with an altered balance between estrogen and androgens. And another very interesting aspect, in our opinion, is simply the consideration of the effect that sex steroids have on the vascular system, both arterial and venous. In this regard, for example, it has been demonstrated that estrogens and progesterone have a vasodilatory effect mediated by multiple mechanisms and signaling pathways that occur during the physiological hormonal fluctuations of the menstrual cycle and pregnancy, which determine an increase in the diameter of the venous vessels and a lengthening of the closure times of the venous valves and which could at least explain one of the reasons for the worsening of the symptoms often reported by patients affected by Lipedema during the luteal phase of the cycle and during pregnancy. But this aspect could also be one of the factors triggering the onset of the disease (8-11).

One of the fundamental aspects that we are trying to clarify by observing our population of over 350 women affected by Lipedema, aged between 12 and 76 years, is that a close relationship between estrogens and Lipedema may not always be so present, since the disease arises in conjunction with menarche in most cases (57.8%) but in the remaining cases an onset has also been observed that occurs before menarche (22.8%), after puberty (16.1%) or, albeit in rare cases, following menopause (3.3%) [12]. Furthermore, the relationship with the use of estrogen- progestins or with pregnancy is not always present as is often claimed or reported in the literature: in fact, in our population, the main worsening factor reported was weight gain, reported in 54% of cases, followed by pregnancy and breastfeeding in 53%, while worsening following the use of estrogen-progestins affected 44% of the population. In other words, these observations could raise the realistic doubt that there are different clinical phenotypes with different sensitivity to estrogens.

On the other hand, as the fundamental role of estrogens on the disposition of adipose tissue in both men and women is now established [13], it is equally fascinating that in other endocrinopathies, the distribution of adipose tissue is very often suggestive of the underlying hormonal alteration (and metabolic consequences), as can be observed for example in women affected by hyperandrogenism or in cases of hypercortisolism, or in men affected by hypogonadism. And in

this sense, it cannot be ignored and is at the same time particularly curious, that the classic body conformation of women affected by hyperandrogenism, called the "android" type, could be almost the opposite of what is observed in the majority of women affected by Lipedema. But in the specific case of Lipedema, it's not just a particular body shape that is involved, but, above all, the presence of demonstrated histological tissue alterations and clear signs and symptoms that differentiate a physiological from a pathological condition.

While acknowledging a possible fundamental role for estrogen in the pathogenesis and evolution of the disease, we assume that multiple hormonal systems are involved theoretically, at least all the hormonal axes that have a demonstrated effect on the growth, metabolism, and functional status of the cells that make up adipose tissue, such as the pituitary-ovarian and pituitary-adrenal axes, including androgens and cortisol, the pituitary-thyroid axis, glucose metabolism, and the GH-IGF-1 axis. And this, in part, is also what is emerging from our daily experience.

The mechanisms are likely very complex, and the involvement of the hormonal system, in turn, could be primary or secondary.

But trying to simplify things, let's start with the simple observation that, at least in our population, the prevalence of obesity, defined as a BMI > 30 kg/m², is approximately 40%. And, contrary to what was expected given the "gynoid" phenotype that characterizes Lipedema (although not always), we observed an increase in waist circumference above 80 cm, the cutoff considered useful for diagnosing visceral obesity according to the International Diabetes Federation (IDF) and the European Association for the Study of Obesity (EASO), in 84.9% of cases and a waist circumference > 88 cm, a value considered equivalent to the presence of a BMI > 30 kg/m² by the European Society of Endocrinology (ESE), in 63.9% of cases. This data already supports the importance of an adequate endocrine-metabolic study in these patients, keeping in mind however that the increase in waist circumference could also be due to the presence of lipedema at the abdominal level and that this will need to be investigated further.

It is known that an increase in BMI leads to a change in hormonal balance, the first of which is insulin resistance. At the same time, it is possible that there are concomitant endocrinopathies, favoring or causing obesity, which need to be adequately classified and whose diagnosis could be difficult due to the hormonal alterations caused by obesity itself [14]. As previously mentioned, the presence of an alteration in glucose metabolism is the first aspect to be assessed, and in our opinion, measuring fasting blood glucose alone is not sufficient to rule out its presence, as insulin resistance (even severe) is much more common than glycemic alterations. In our population, considering cases of fasting hyperglycemia (IFG), impaired glucose tolerance (IGT), and insulin resistance (assessed with HOMA-IR, a ratio between blood glucose and insulin), the overall prevalence of glucose metabolism alterations was 39.2%. The prevalence increases significantly with the severity of the stages and with obesity, affecting over 50% of the population in stage 3 or obesity. We identified only one case of diabetes mellitus, while we found impaired glucose tolerance in only 4% of patients who underwent a metabolic study with a glucose tolerance test (OGTT), despite the high prevalence of obesity: this once again supports the idea that the prevalent alteration in this population is insulin resistance.

This condition, in women affected by lipedema, must be investigated with even greater attention considering the higher prevalence of menstrual cycle irregularities, such as oligo-anovu-

lation (which is present in a third of our patients) and polycystic ovary syndrome (present in over 17% of cases), clinical conditions in which a greater predisposition to the development of alterations in glucose metabolism is known [15]. Some characteristics of Lipedema, such as a tendency to bruise and ecchymosis, pain in the lower limbs, fatigue with movement, abdominal obesity, especially if accompanied by sudden weight gain, and the presence of a dorsal-cervical hump, may be sufficient to rule out hypercortisolemia. We have not diagnosed cases of hypercortisolism in our population, however, a worsening of the clinical picture following the use of corticosteroids has been reported, and some patients we follow have had a history of Cushing's syndrome.

In this regard, it is interesting to note that the presence of a dorsal-cervical hump suggests that Lipedema also affects the upper limbs, a frequent and almost exclusive finding observed in this case. No significant alterations in serum levels of gonadotropins, estradiol and progesterone were observed, which were compatible with the phase of the menstrual cycle or with the menopausal status. Overall, considering total testosterone, androstenedione, DHEA-S, and Free Androgen Index (FAI) levels, the prevalence of hyperandrogenemia in our population was comparable to that estimated in the general population.

Finally, as previously described in the literature [3], hypothyroidism was also a frequent finding in our population, present in approximately 23% of cases. And even in this case, the finding is more frequent in the more severe clinical stages, affecting 34.2% of stage III cases and, as expected, it is also more frequent in cases of obesity (29.3%). But the most important finding, as it was unknown and unexpected, was the prevalence of chronic autoimmune thyroiditis in over 35% of the studied population, and in this case, with no differences in prevalence between clinical stages. This finding, which has never been reported before in the literature regarding Lipedema, could be relevant not only for the consequences associated with the pathology itself, but also because an association between autoimmune diseases and other adipose tissue diseases has already been described, as in the case of acquired generalized lipodystrophy [16].

Another aspect that could also be relevant is the possible link between immune and inflammatory processes with adipose tissue, since adipose tissue plays a fundamental role in this sense, producing numerous active peptides, including, for example, leptin and adiponectin, and numerous cytokines with effects on inflammatory processes. Among the comorbidities observed in our population, the most frequent was the finding of Vitamin D insufficiency, which we detected in 84.6% of patients. In this case, the data is not surprising for several reasons, including the known high prevalence of Vitamin D insufficiency in the general population, which increases even more in the female population and in cases of obesity [17]. However, in the presence of Lipedema, in our opinion, its finding could have a greater clinical relevance with implications on the indication for treatment with supplements compared to what is indicated in the general population, because it could be a factor favoring the development of some characteristic symptoms of the disease, including pain and asthenia often reported by patients, and be implicated in gluco- and lipo-metabolic and inflammatory processes.

We'd like to focus on one final point: is it possible to talk about disease prevention or its worsening? Currently, with the data available, we must consider two aspects: family history and the relationship with body weight. First point: in our population, we found a positive family history (up to the third degree) in over 80% of cases. In these cases, the family history ran from the mo-

più rari casi presente solamente nelle sorelle oppure nelle figlie (4%), senza chiara evidenza nelle generazioni precedenti. Secondo punto: abbiamo visto che l'incremento ponderale è la prima causa di peggioramento della malattia, tanto quanto la gravidanza e più dell'utilizzo degli estroprogestinici e che in caso di obesità vi è una maggior prevalenza di comorbidità. Vi è tuttavia un aspetto ancora più rilevante che possiamo estrapolare dall'analisi dei dati sulla nostra popolazione, ossia che se è presente sovrappeso già al menarca l'esordio del lipedema è anticipato rispetto a chi non è in sovrappeso e lo stadio della malattia in età adulta risulta più severo.

Alla luce di queste considerazioni, diventa quindi fondamentale il riconoscimento del rischio di sviluppo della malattia nei familiari delle donne che prendiamo in cura nelle nostre cliniche e considerare l'estrema importanza che si possa agire prima che la malattia si manifesti o che peggiori, già in età pre-adolescenziale. Ulteriori studi e valutazioni in relazione all'esordio, alle caratteristiche cliniche e all'evoluzione della patologia dovranno essere effettuati per confermare quanto emerso da queste nostre osservazioni. Tuttavia, l'esperienza clinica quotidiana ci insegna che sta emergendo sempre più l'importanza di un'approfondita valutazione multidisciplinare del paziente affetto da Lipedema, che deve considerare oltre alla valutazione linfologica, anche il punto di vista endocrino-metabolico, in particolare se presente un BMI aumentato. In caso di obesità, infatti, indipendentemente dalla presenza del lipedema, lo studio del paziente è già stabilito da Linee Guida endocrinologiche riconosciute a livello internazionale [14]. Ma allo stato attuale, riveste ancora più rilevanza considerando i primi promettenti dati che stanno emergendo sul potenziale ruolo dell'utilizzo dei farmaci GLP-1 agonisti [18]: il trattamento farmacologico delle comorbidità, quali obesità ed insulino-resistenza, potrebbe essere una potente arma terapeutica da associare al trattamento conservativi o chirurgici che già hanno mostrato un'elevata efficacia [18].

ther (40%), the father (33%), both sides (5%), and, in rarer cases, only in sisters or daughters (4%), with no clear evidence in previous generations. Second point: we've seen that weight gain is the primary cause of disease worsening, as much as pregnancy and more than the use of estrogen-progestins, and that obesity has a higher prevalence of comorbidities.

However, there is an even more significant aspect that we can extrapolate from the analysis of data on our population: namely, that those who are overweight at menarche have an earlier onset of lipedema than those who are not overweight, and the stage of the disease is more severe in adulthood. Considering these findings, it is therefore essential to recognize the risk of developing the disease in the family members of the women we treat in our clinics and to consider the extreme importance of being able to intervene before the disease manifests or worsens, even in pre-adolescence.

Further studies and evaluations regarding the onset, clinical characteristics, and evolution of the disease will need to be conducted to confirm the findings of our observations. However, daily clinical experience teaches us that the importance of a thorough multidisciplinary evaluation of patients with lipedema is increasingly emerging.

This evaluation must consider not only lymphological assessment but also the endocrine-metabolic perspective, particularly if an increased BMI is present. In cases of obesity, in fact, regardless of the presence of lipedema, the evaluation of the patient is already established by internationally recognized endocrinological guidelines [14]. However, at present, it is even more relevant considering the initial promising data emerging on the potential role of the use of GLP-1 agonist drugs: the pharmacological treatment of comorbidities, such as obesity and insulin resistance, could be a powerful therapeutic weapon to be combined with conservative or surgical treatments, which have already shown high efficacy [18].

Joint Hypermobility and Pain in Lipedema



Lorenzo Ricolfi

Background: Lipedema is a loose connective tissue disorder characterized by pain, fascial alterations, and biomechanical dysfunction. In hypermobility disorders, joint instability generates repetitive microtrauma, myofascial overload, and increased nociceptive input, promoting central sensitization. This mechanism may also contribute to the painful symptoms of lipedema.

Aim: To evaluate the presence of joint hypermobility in patients with lipedema and its association with musculoskeletal pain.

Methods: A pilot study of 15 patients with lipedema assessed knee valgus and hyperextension, shoulder external rotation, and musculoskeletal pain. A comparison with normative values in the general population was also performed.

Results: Mean valgus (21°) exceeds the physiological values for women ($7-13^\circ$). Mean hyperextension (14°) exceeds the physiological limit of 10° , while shoulder external rotation (126°) exceeds the normative value of $\sim 90^\circ$. Ninety-three percent reported musculoskeletal pain. The overall pattern is consistent with a hypermobile phenotype.

Conclusions: Joint hypermobility is common in lipedema and may contribute to pain through joint instability and central sensitization. Although limited by the small sample size, this study represents a first step toward larger investigations and clarifies the rationale for musculoskeletal assessment in the management of lipedema treatment.

A pilot study

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Introduction

Lipedema is a chronic, progressive connective tissue disease characterized by a symmetrical but disproportionate increase in adipose tissue (predominantly affecting the limbs, but not the extremities), pain, capillary fragility, and alterations in the extracellular matrix (ECM) [1-3]. The S2k Guidelines (2024) and the US Standard of Care (2021) classify lipedema as a 'loose connective tissue disease', highlighting ECM alterations, fibrosis, and fascial dysfunction [1,2]. The Italian literature (Patton et al., 2024) confirms a high prevalence of pain and functional impairment in patients with lipedema [4], while the review by Stecco et al. (2025) highlights how in connective tissue hypermobility disorders, the fascia presents thickening, ECM alterations, and reduced interfascial sliding, contributing to microtrauma and chronic pain [5-6].

A central element in the pathophysiology of pain in hypermobile subjects is joint instability. According to Castori et al. (2013), instability leads to myofascial overload, proprioceptive deficit and an increase in tensile load on muscles and fascia, with consequent nociceptive hyperactivation. This mechanism, maintained over time, promotes the activation of the spinal pathways, contributing to the chronicity of pain [7]. Di Stefano et al. (2016) also describe how in hypermobile subjects the central nervous system is exposed to an increased nociceptive flow resulting from multiple instability and repeated microtraumas, leading to the so-called central sensitization: a condition in which pain circuits become more reactive and amplify stimuli, generating widespread, non-proportional pain that is resistant to traditional treat-

ments [8-9]. In lipedema, where fascial alterations, laxity and overload coexist, this model finds particular coherence. This pilot study aimed to evaluate the presence of joint hypermobility in a sample of patients with lipedema and analyze its relationship with musculoskeletal pain.

Methods

Fifteen patients with lipedema stages 1–3 were evaluated for knee valgus, knee hyperextension, shoulder external rotation and musculoskeletal pain. The analysis was descriptive and based on pathophysiological models documented in the literature.

Results and Discussion

Table 1 reports data on the study population: the results of the present study indicate a high prevalence of joint hypermobility in patients with lipedema. This finding is consistent with the connective tissue nature of the disease and the fascial alterations described by Stecco et al. [6]. Myofascial overload associated with joint instability explains part of the painful symptoms, as indicated by Castori et al. [7,10] and supports the central sensitization model reported by Di Stefano et al. [8]. Comparison with normative values for the general population strengthens the interpretation of the data: mean valgus (21°) significantly exceeds the physiological female range of $7\text{--}13^{\circ}$ [11]; mean knee hyperextension (14°) exceeds the physiological limit of 10° , indicative of recurvatum [12]; shoulder external rotation (126°) exceeds the normative value by approximately 90° [13]. These values are consistent with a hypermobile phenotype according to the 2017 international criteria of the Ehlers-Danlos Society [14]. The small sample size ($n=15$) represents an important limitation, but provides a first clear and coherent picture of the role of hypermobility in lipedema, laying the foundation for larger future studies.

Table 1. Sample means ($n = 15$)

Parameters	Valore medio
Age (years)	41.9
BMI (kg/m^2)	30.0
Knee valgus ($^{\circ}$)	20.9
Knee hyperextension ($^{\circ}$)	16.1
Glenohumeral external rotation	122.0

Conclusions

The data indicate that joint hypermobility is highly prevalent in lipedema and contributes to pain through structural instability, myofascial overload, and central sensitization. Although the sample size is small, this pilot study provides preliminary evidence useful for developing larger-scale research and integrating hypermobility assessment into clinical practice.

Septic Osteomyelitic Ulcer from multidrug-resistant *Acinetobacter Baumannii* using an integrated therapeutic approach: ozone therapy, phototherapy, and Low Dose Medicine



Edmondo Palmeri

Abstract: This case report describes the management and complete resolution of a complex and septic osteomyelitic ulcer caused by multi-antibiotic-resistant *Acinetobacter baumannii* in an elderly patient. The patient, a 74-year-old woman with acute renal failure, developed the infection following an open tibial fracture and subsequent surgical interventions with plating and an external fixator. After conventional antibiotic therapy was ineffective, an innovative and integrated therapeutic approach was adopted, based on the use of ozone therapy, phototherapy (UV and infrared light), and Low-Dose Medicine (LDM), in addition to orthopedic treatment (removal of plates and fixators) and the administration of a porcine skin substitute. The protocol led to the complete eradication of *Acinetobacter baumannii*, the resolution of osteomyelitis, and the improvement of the systemic picture (anemia and acute pancreatitis), highlighting the effectiveness of these complementary therapies in the management of chronic and multidrug-resistant infections.

Keywords:

Acinetobacter Baumannii, Septic osteomyelitis, Ozone therapy, Phototherapy, Low Dose Medicine (LDM), Multidrug-resistant infection.

Case Report

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1. Introduction

Post-traumatic osteomyelitis is a serious complication following open fractures and surgical procedures. The situation is further complicated by the presence of multidrug-resistant Gram-negative bacteria, such as *Acinetobacter baumannii*, known for its ability to form biofilms and resist almost all available antimicrobial agents. These infections are associated with high rates of treatment failure and mortality, especially in patients with significant comorbidities such as renal failure.

Standard treatment involves aggressive surgical debridement and targeted, often prolonged, antibiotic therapy. However, in refractory cases or in patients with limitations on antibiotic administration (e.g., renal failure), it is necessary to explore innovative therapeutic approaches.

This case report illustrates the management of a chronic osteomyelitis infection caused by multidrug-resistant *Acinetobacter baumannii* in a 74-year-old woman, successfully treated with a combined protocol of ozone therapy, phototherapy, and low-dose medicine, with curative clinical and microbiological outcomes.

2. Case Presentation

2.1 History and Initial Presentation

A 74-year-old female patient was hospitalized in October 2021 following an accident that resulted in a fracture of the tibia and fibula. The injury resulted in the development of extensive ulcerations on the right leg, with exposed bone.

2.2 Diagnosis and Failed Conventional Treatment

The patient underwent surgery with the application of an external fixator.

Subsequently, she underwent a further operation to remove the external fixator and apply a plate with screws to the tibia. Following these interventions, the formation of an abscess and the creation of a large ulcer with exposed bone occurred. Swabs revealed the presence of *Acinetobacter baumannii*, sensitive only to colistin.

Clinical therapy with antibiotics (Colistin) proved insufficient, also due to the worsening of the patient's condition, which presented with:

- Acute renal failure (creatinine at 11).
- Suspected septicemia.

In December 2021, the patient was treated with improved creatinine levels and signs of septicemia subsided. Subsequently, she was transferred to Orthopedics for placement of a new plate. However, a new application of the external fixator was necessary.

2.3 Clinical Deterioration and Intensive Care

After 5 days of intensive care, the patient developed:

- Acute pancreatitis.
- Septic anemia.
- Inability to feed, requiring the placement of a PIC (Peripherally Inserted Central Catheter)

for total parenteral nutrition (TPN).

In these precarious clinical conditions, the leg ulcer with tibial exposure persisted, despite simple dressings.

2.4 The Integrated Treatment Protocol

On January 17, 2022, the patient was transferred to the Karol Cosentino by Civic Hospital in Palermo for the start of an innovative protocol.

Given her general clinical condition and the large refractory ulcer, a therapeutic program was implemented to eradicate antibiotic-resistant *Acinetobacter baumannii* and promote tissue healing.

The combined protocol, authorized by the Health Director Dr. Paolina Reitano, included:

1. Orthopedic Treatment:

Removal of the external fixator (made possible by the calcification of the fractures).

2. Ozone therapy:

30 ozonized IVs administered on alternate days.

3. Phototherapy:

60 applications of phototherapy with UV and infrared light for 10 minutes each, performed on alternate days.

4. Porcine dermal substitute: one application.

5. Low Dose Medicine: administration of Nux Vomica Homaccord (2 vials per day IV), Traumeel (2 vials per day IV), Medulla Ossis (2 vials per day IV), and Cartilago Suis (2 vials per day IV) for a period of 2 months.

6. Adjunctive medical therapy: for septic anemia, fatigue, and pain.

2.5 Esiti e Follow-up

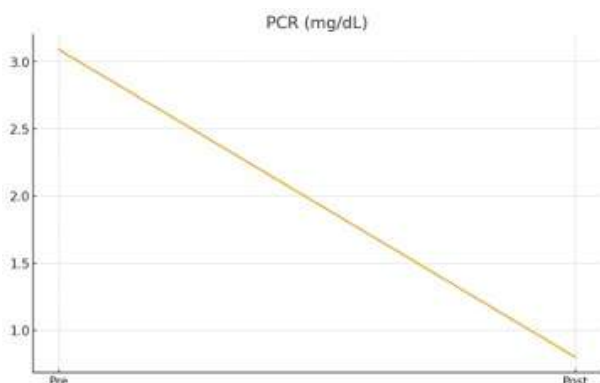
Dopo un mese e 30 giorni dall'inizio del suddetto trattamento integrato:

- È stato possibile asportare il fissatore esterno in quanto le fratture erano calcificate.
- L'*Acinetobacter Baumannii* è stato eradicato completamente dal sito di infezione (negativizzazione del tampone).
- La terapia di Low Dose Medicine ha contribuito alla risoluzione dell'anemia, del dolore e della pancreatite (negativizzazione delle amilasi e lipasi).
- Già dopo i primi giorni di terapia, il paziente ha ripreso ad alimentarsi per bocca.

La combinazione di ozono, fototerapia e Low Dose Medicine ha consentito il risanamento dell'ulcera e la risoluzione del quadro settico-sistemico complesso.

Grafici dei Parametri Ematochimici (Pre/Post)

I grafici mostrano l'andamento dei principali marker clinici prima e dopo il trattamento multimodale.



2.5 Outcomes and Follow-up

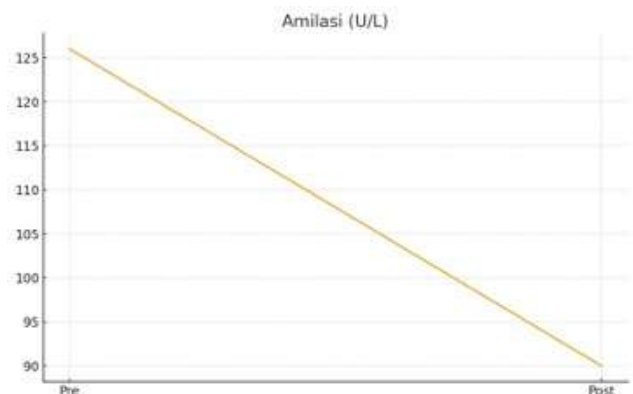
After one month and 30 days from the start of the aforementioned integrated treatment:

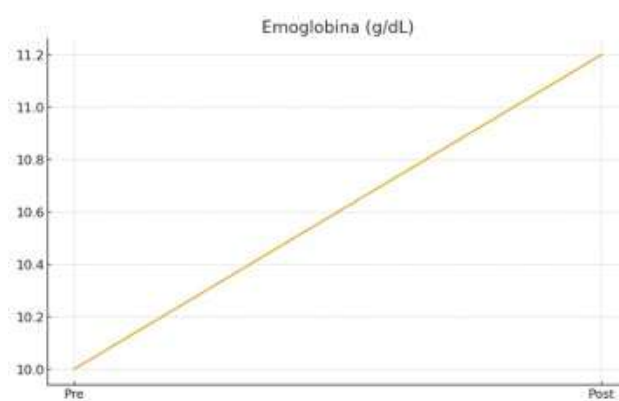
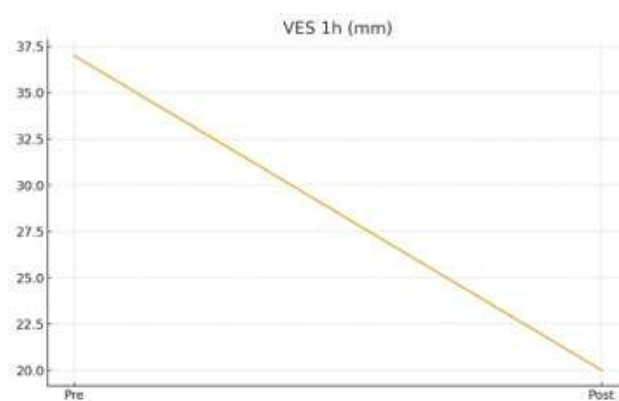
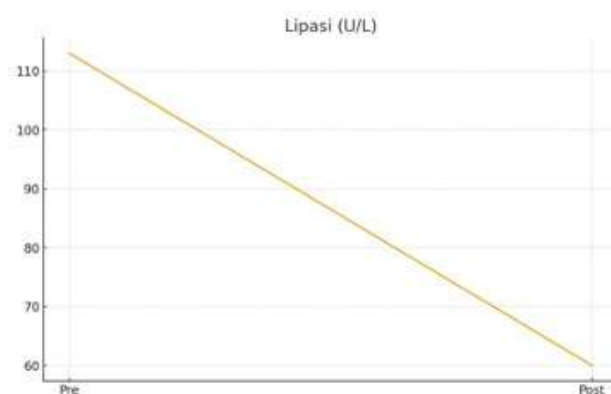
- The external fixator could be removed as the fractures were calcified.
- *Acinetobacter baumannii* was completely eradicated from the infection site (swab negative).
- Low-dose medicine therapy contributed to the resolution of the anemia, pain, and pancreatitis (amylase and lipase negative).
- After the first few days of therapy, the patient resumed oral feeding.

The combination of ozone, phototherapy, and low-dose medicine allowed the ulcer to heal and the complex systemic septicemia to resolve.

Blood Chemistry Parameter Graphs (Pre/Post)

The graphs show the trends of the main clinical markers before and after the multimodal treatment.





3. Discussione

Questo case report evidenzia il successo di un approccio terapeutico integrato e non convenzionale nella cura di un'osteomielite complessa e cronica causata da un patogeno critico come l'*Acinetobacter Baumannii* multiresistente, in un paziente con multiple comorbidità. L'insuccesso della monoterapia antibiotica con Colistina, sebbene l'unico agente sensibile, era prevedibile dato il quadro di insufficienza renale e l'infezione cronica associata a materiale metallico (placche e fissatori), noto serbatoio per la formazione di biofilm.

3.1 Ruolo dell'Ozono Terapia

L'Ozono Terapia (flebo ozonizzate) svolge un ruolo cruciale nelle infezioni refrattarie. L'ozono è un potente agente antimicrobico ad ampio spettro, capace di distruggere le pareti cellulari batteriche, funghi e virus. Inoltre, l'azione di stimolazione immunitaria e il miglioramento dell'ossigenazione tissutale contribuiscono a creare un ambiente ostile alla proliferazione batterica e a promuovere la guarigione.

3.2 Ruolo della Fototerapia

L'uso combinato di luce UV e Infrarosso rientra nelle pratiche di foto-biomodulazione. La luce UV è nota per le sue proprietà antimicrobiche dirette, mentre la luce Infrarossa (IR) penetra più in profondità, migliorando la microcircolazione, riducendo l'infiammazione e stimolando i processi di riparazione tissutale e la sintesi di collagene, essenziali per la chiusura dell'ulcera e la guarigione ossea.

3.3 Ruolo della Low Dose Medicine

L'impiego di preparati in Low Dose Medicine come Traumeel, Nux Vomica Homaccord, Medulla Osis e Cartilago Suis rappresenta un supporto alla terapia sistemica. Questi preparati, agendo su meccanismi regolatori e di signaling cellulare, possono influenzare l'infiammazione, il sistema immunitario e la riparazione tissutale, come dimostrato dalla risoluzione della pancreatite e

3. Discussion

This case report highlights the success of an integrated and unconventional therapeutic approach in the treatment of complex and chronic osteomyelitis caused by a critical pathogen, multi-drug-resistant *Acinetobacter baumannii*, in a patient with multiple comorbidities. The failure of antibiotic monotherapy with colistin, although the only sensitive agent, was predictable given the patient's renal failure and the chronic infection associated with metallic material (plates and fixators), a known reservoir for biofilm formation.

3.1 Role of Ozone Therapy

Ozone therapy (ozonized drips) plays a crucial role in refractory infections. Ozone is a powerful, broad-spectrum antimicrobial agent, capable of destroying the cell walls of bacteria, fungi, and viruses. Furthermore, the immune-stimulating effect and improved tissue oxygenation help create an environment hostile to bacterial proliferation and promote healing.

3.2 Role of Phototherapy

The combined use of UV and infrared light is part of photobiomodulation practices.

UV light is known for its direct antimicrobial properties, while infrared (IR) light penetrates deeper, improving microcirculation, reducing inflammation, and stimulating tissue repair and collagen synthesis, essential for ulcer closure and bone healing.

3.3 Role of Low-Dose Medicine

The use of low-dose medicine preparations such as Traumeel, Nux Vomica Homaccord, Medulla Osis, and Cartilago Suis supports systemic therapy. These preparations, by acting on regulatory and cellular signaling mechanisms, can influence inflammation, the immune system, and tissue repair, as demonstrated by the resolution of pancreatitis and septic anemia in the patient, im-

dell'anemia settica nel paziente, migliorando il terreno biologico e la capacità di auto-guarigione.

3.4 Iconografia



proving the biological environment and the ability to self-heal.

3.4 Iconography





3.5 Considerazioni Finali

La rimozione del materiale d'osteosintesi, sebbene indispensabile, non sarebbe stata sufficiente senza la completa eradicazione dell'agente patogeno. La sinergia tra ozonoterapia (azione antimicrobica e sistemica), fototerapia (azione locale e rigenerativa) e supporto di Low Dose Medicine (azione sistemica regolatoria) ha permesso di superare l'impasse clinico e microbiologico. Questo caso suggerisce che le terapie complementari possono offrire una valida alternativa o un supporto essenziale nei casi di infezioni ossee complesse, refrattarie agli antibiotici e in pazienti fragili.

4. Conclusione

Il presente case report documenta la completa guarigione clinica e microbiologica di un'ulcera

3.5 Final Considerations

The removal of the osteosynthesis material, although essential, would not have been sufficient without the complete eradication of the pathogen. The synergy between ozone therapy (antimicrobial and systemic action), phototherapy (local and regenerative action), and the support of Low-Dose Medicine (systemic regulatory action) made it possible to overcome the clinical and microbiological impasse. This case suggests that complementary therapies can offer a valid alternative or essential support in cases of complex bone infections, refractory to antibiotics, and in frail patients.

4. Conclusion

This case report documents the complete clinical and microbiological healing of a chronic septic

osteomielitica settica cronica da *Acinetobacter Baumannii* multiresistente, in un paziente anziano con insufficienza renale, trattato con successo attraverso un protocollo integrato di ozonoterapia, fototerapia e Low Dose Medicine. Si auspica che ulteriori studi controllati possano confermare il potenziale di queste terapie complementari nella gestione delle infezioni croniche e antibiotico-resistenti.

Ringraziamenti

Si ringrazia la Dott.ssa Paolina Reitano, Direttore Sanitario della Casa di Cure Karol Cosentino, per l'autorizzazione all'utilizzo del protocollo integrato e per il supporto clinico. Si ringraziano inoltre i seguenti specialisti per il contributo al caso: Dr. E. Bentivegna, Dr. G. Cuccio, Dr. R. Vivaldi, Dr. E. Palmeri.

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osteomyelitis ulcer caused by multidrug-resistant *Acinetobacter baumannii* in an elderly patient with renal failure, successfully treated with an integrated protocol of ozone therapy, phototherapy, and Low-Dose Medicine. It is hoped that further controlled studies will confirm the potential of these complementary therapies in the management of chronic and antibiotic-resistant infections.

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Report V-ITALy Global Summit 2025

Dal 3 al 6 settembre 2025, Roma è stata sede di un evento globale storico nell'ambito della Flebologia e della Linfologia. Da 74 nazioni di tutti i continenti, 621 selezionati partecipanti si sono riuniti per dialogare con le massime istituzioni, rappresentate anche dalla presenza del Ministro della Salute, dal Ministro della Giustizia e da Ministri esteri della Georgia, di Dubai e del Kenya. L'iniziativa è cominciata il 3 settembre con un'attività umanitaria giubilare presso l'Ospedale di San Giovanni, in collaborazione con la Caritas. Quattro tavoli operatori sono stati dedicati a procedure endovenose a favore di 53 pazienti. Sei stazioni hands-on hanno permesso ai 153 medici coinvolti di interagire con le più moderne tecnologie. Nel frattempo, in un'aula didattica sono state proposte lecture frontali tutto il giorno. Nella stessa giornata il Tg1 ha dedicato un servizio di 7 minuti sull'importanza dell'evento, cogliendo l'opportunità di una divulgazione relativa alla patologia venosa e linfatica. Alla sera, i massimi onori sono stati resi grazie alla concessione del Vittoriano: una sede di grande significato per la celebrazione del documento di Raccomandazioni di Buone Pratiche Cliniche storicamente depositato in Istituto Superiore di Sanità il precedente agosto e presentato il giorno successivo in Senato.

From September 3 to 6, 2025, Rome hosted a historic global event in the field of Phlebology and Lymphology. From 74 nations across all continents, 621 selected participants gathered to engage with the highest institutions, including the Minister of Health, the Minister of Justice, and the Foreign Ministers of Georgia, Dubai, and Kenya.

The initiative began on September 3 with a jubilee humanitarian activity at San Giovanni Hospital, in collaboration with Caritas. Four operating tables were dedicated to intravenous procedures for 53 patients. Six hands-on stations allowed the 153 doctors involved to interact with the most modern technologies. Meanwhile, lectures were offered throughout the day in a classroom. That same day, Tg1 dedicated a 7-minute report to the importance of the event, taking advantage of the opportunity to raise awareness about venous and lymphatic disease.

In the evening, the highest honors were bestowed thanks to the concession of the Vittoriano: a highly significant venue for the celebration of the document of Recommendations for Good Clinical Practices, historically filed with the Istituto Superiore di Sanità the previous August and presented to the Senate the following day.

At the end of the institutional day, the leading experts involved, along with institutions and representatives of the public, gathered in Piazza di Spagna, which was entirely reserved for the venous and lymphatic disease awareness event.

More than 300 people participated in a parade dedicated to leg health and the importance of appropriate elastic compression. Professors from around the world carried educational messages on dedicated signs. All continents were represented. The entire population was actively involved. Over the next two days, a top-level world congress was held at the Ministry of the Interior, spanning four simultaneous rooms and featuring a faculty composed of leading experts in the field from every continent.

The four main thematic strands included the appropriateness and sustainability of phlebolympheological recommendations, technical notes for proper venous-lymphatic practice, roundtable discussions for joint intercontinental project development, and multidisciplinary synergy for a holistic approach to leg and personal health. From this latter focus, the 2026 project, called "Le.G.athering World Congress," is now emerging.

The name indicates the need for a gathering around the "Leg," understood as a series of multi-specialty educational initiatives developed across all continents throughout the year, culminating in a global event in Dubai in December 2026, where we can once again collaborate with clinical governance institutions.

Anyone interested in participating and possibly developing a Le.G.athering in their region can visit the dedicated website <https://vwinfoundation.com/legathering/> and write to info@vwinfoundation.com. SIFe is honored to have been invited to join the initiative's Partner Societies and, as such, will be happy to offer three free registrations and a special fee of €500 for all members wishing to attend Dubai. They will also be able to submit free papers, possibly in Italian, through dedicated channels.

For information, please write to info@vwinfoundation.com and to info@accademiamedica.eu.



The first Euro-Mediterranean Symposium to be held in Palermo

A new scientific hub marks the beginning of 2026 for Italian phlebology

A new scientific reference point dedicated to the study of venous and lymphatic diseases is being established in Italy: SIFe – the Italian Society of Hemodynamic Phlebology, which takes its first steps by announcing the first Euro-Mediterranean event scheduled in Palermo from 27 February to 1 March 2026. The event will offer a national and international forum featuring workshops, round tables and multidisciplinary contributions dedicated to phlebology. The society – chaired by Eugenio Bernardini, with Edmondo Palmeri as Vice President and Biagio Bonfiglio as regional representative – aims to promote research, training and prevention through an advanced diagnostic approach focused on understanding the causes of diseases. Just a few months after its establishment, SIFe sponsored the round table “Cinema, Sport and Health – The role of physical activity for health”, held in Palermo as part of the Paladino D’Oro Sport Film Festival. The event brought together physicians, scholars and experts to highlight how physical activity represents a fundamental element for physical well-being, prevention and health education. “We took part in this initiative with great satisfaction, and we chose to sponsor it with conviction,” says Edmondo Palmeri, vascular surgery specialist and SIFe Vice President. “We are also working on our first major scientific event: the Euro-Mediterranean Symposium of Phlebology, to be held at Villa Airoldi, which will provide an important national and international platform for discussion and will feature the participation of Professor Sergio Ganesini, President of the World Society of Phlebology.” The new society builds on twenty years of experience promoting phlebology in Sicily and aims to distinguish itself through a hemodynamic and pathophysiological approach. “The question I am often asked is: was there really a need for a new society? The answer is yes,” states President Eugenio Bernardini. “SIFe is founded on the importance of diagnosis and the search for causes, not only on managing effects. Venous diseases are not all the same: there are significant differences, such as in unilateral varicose syndromes, which require in-depth study of the factors that determine them. Our mission is to understand before treating, using all available diagnostic tools.” The value of the initiative was also highlighted by Salvatore Requirez, Scientific Coordinator of the round table on cinema, sport and health, organized by Dr. Beppe Virzì, sports physician and President of FMSI Palermo: “Events like this, which involve scientific societies such as SIFe, promote the coordination of scientific advancements toward more effective organizational models for public and private healthcare, with positive repercussions for the population.” “We are pleased to have SIFe with us this year and glad to have received their sponsorship. Sports medicine is a team effort: all physicians must know the rules and, above all, the patient’s clinical history, which remains the fundamental element for every care pathway.” Among its first institutional activities, SIFe also presented “PLJ – Phlebo Lymphology Journal”, an online scientific magazine published by LAMB – Libera Accademia di Medicina Biologica. The journal features specialist articles, columns, event updates and contributions dedicated to the national and international phlebology landscape.



Giornate Siciliane di Medicina

"Prevention begins with nutrition": Doctors and specialists meet in Palermo at the 9th Sicilian Medicine Days

The 9th edition of the Sicilian Medicine Days concluded in Palermo, an event that brought together doctors and professionals from various specialties for two days of discussion on nutrition, prevention, and wellness. Promoted by the *Lilli Lorusso – Mano nella Mano ODV Association*, the Days (October 24 and 25) reaffirmed the profound connection between science and solidarity, with the aim of making health a right accessible to all. The main theme of the 2025 edition was nutrition, recognized as a fundamental pillar in the prevention and treatment of numerous chronic diseases. The specialists present explored the role of nutrition in various fields of medicine – from endocrinology to dermatology, from surgery to aesthetic and regenerative medicine – underscoring the importance of an integrated approach based on healthy and conscious lifestyles. A round table discussion open to the public was also dedicated to the topic of nutrition, allowing participants to engage directly with experts.



Nutrition and prevention

"We chose nutrition as the common thread because it is a cross-cutting element that impacts the prevention and management of many diseases," stated Dr. Eliana Lanza, aesthetic physician and President of the national congress. During the event, the "Lilli Lorusso – Mano nella Mano" Association renewed its commitment to pursuing concrete initiatives to help those in need. These include the *"Visita Sospesa – Mano nella Mano"* project, which offers free medical visits to people who cannot afford diagnostic or therapeutic options. "Our activities," says Dr. Giovanni Alberti, President of the Association in memory of his wife *Lilli Lorusso* and an aesthetic physician, "arise from a desire to spread solidarity towards men, women, and children. Through science and care, we want to restore dignity and trust, following the example of Lilli, who dedicated her life to helping others." During the meeting, attention was also given to aesthetic and regenerative medicine, increasingly understood as a form of medicine for well-being and prevention. Not a procedure for change, but a path to living in harmony with oneself, preventing the signs of aging and promoting healthy aging. Regenerative medicine has been identified as one of the most promising frontiers of biomedical research, a field that combines expertise from orthopedics, dermatology, surgery, and other disciplines to restore functionality and health to tissues, respecting the individual and their naturalness.

Sito ufficiale dell'Associazione "Lilli Lorusso – Mano nella Mano ODV": lillilorusso.org



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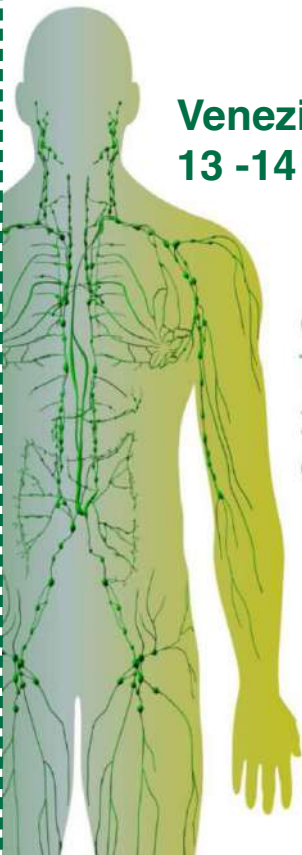
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Padova,
12-13 giugno 2026



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Eugenio Bernardini

SIFe President

**Italian Society of Hemodynamic
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The SIFe, Italian Society of Hemodynamic Phlebology, was born, a new scientific reality that aims to bring a different and more complete approach to the study of venous and lymphatic diseases.

The word that characterizes SIFe is hemodynamics: it means placing pathophysiology at the centre, the functioning of the vessels, to arrive at more accurate diagnoses and truly personalized therapies. In Italy, Phlebology has so far been mainly linked to Vascular Surgery, with an orientation above all towards ablative interventions. This has often limited the spread of conservative treatments, which can instead preserve the function of the veins and improve the quality of life of patients.

SIFe wants to propose a broader and more integrated vision: venous and lymphatic pathologies are not isolated problems, but must be considered in the global context of the person, also taking into account genetic, postural, endocrine and nutritional factors.

Among the main objectives:

- promote the figure of the phlebologist, a doctor with specific skills;
- create multidisciplinary study groups to advance research;
- train new generations of specialists;
- foster the creation of regional centers dedicated to lymphopathies.

SIFe's challenge is therefore cultural and scientific: to offer new perspectives for the treatment of phlebo-lymphological diseases in Italy, going beyond surgery alone and enhancing innovative and conservative approaches.

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Accademia Lipedema Italia - A.L.I. is a national reference point for training, scientific dissemination, and the promotion of a sound clinical culture regarding lipedema, a chronic and complex disease that is still often underdiagnosed. Accademia Lipedema Italia was founded in 2023 by Dr. Lorenzo Ricolfi and is currently accredited by the Italian Society of Hemodynamic Phlebology (SIFe). The Academy was created with the aim of bridging the gap between scientific evidence and daily clinical practice, promoting a rigorous, up-to-date, and multidisciplinary approach to the disease. The Academy's mission is based on the dissemination of knowledge based on evidence-based medicine, primarily targeting healthcare professionals involved in the management of lipedema: physicians, physiotherapists, nurses, rehabilitation technicians, nutritionists, and other rehabilitation and metabolic specialists. Through structured training programs, scientific events, theoretical and practical courses, and opportunities for interdisciplinary discussion, the Academy promotes an integrated view of lipedema as a systemic disease, distinct from obesity and lymphedema, but often associated with them.

A defining feature of Accademia Lipedema Italia is its focus on a multimodal and personalized approach, which includes accurate clinical diagnosis, complex conservative therapy, therapeutic exercise, compression, pain management, and management of metabolic and psychological comorbidities.

In this context, training is not simply the transmission of knowledge, but rather a tool for developing truly applicable critical and clinical skills. Accademia Lipedema Italia also aims to be a cultural and scientific space for ongoing dialogue, fostering ongoing learning in light of the latest international research findings. In this way, it actively contributes to improving the quality of care, professional awareness, and, indirectly, the quality of life of those affected by lipedema.



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