

Conditions associated with generalised peripheral oedema include:

- Constrictive pericarditis
- Restrictive cardiomyopathy
- Hepatic cirrhosis
- Nephrotic syndrome
- End-stage renal failure
- Acute renal failure
- Nutritional deficiencies
- Medications

Heart failure is a common cause of generalised peripheral oedema. In heart failure, the inability of the heart to effectively circulate blood throughout the body leads to increased venous pressure that is transmitted to the capillaries. This causes extravasation of electrolytes and fluid into the interstitium, causing oedema. The patient often has signs of hepatic congestion and ascites as well as peripheral oedema.

End-stage liver disease, predominantly caused by cirrhosis, also causes peripheral oedema. Oedema is due to severe low albumin, and salt and water retention.

Nephrotic syndrome, acute renal failure and end-stage renal failure can all give rise to peripheral oedema.

Nephrotic syndrome is characterised by peripheral oedema in association with high-level proteinuria, low serum albumin and oedema. Peripheral oedema is also seen in overweight and obese people.

Lipoedema is caused by accumulation of fatty deposits, most commonly in the lower extremities. It can be bilateral and mistaken for lymphoedema or venous incompetence but is differentiated from them by the absence of pitting and of involvement of the feet.

Causes

Localised peripheral oedema may be caused by lymphoedema, lipoedema, DVT, dermatitis and cellulitis.

Lymphoedema is caused by inadequate lymphatic drainage and is typically non-pitting. Acute DVTs are usually associated with unilateral swelling, pain and sometimes erythema. Localised skin irritations can lead to dermatitis or eczema, with patients experiencing pain, erythema, or pruritus. People with cellulitis will complain of tenderness or pain and erythema, and may also have fever.

Peripheral oedema is a common side effect of medications, including:

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