

LIPODYSTROPHY

Lipodystrophy refers to changes in body habitus associated with HIV infection and antiretroviral therapy. Two distinct syndromes have been characterised: subcutaneous fat wasting (*lipoatrophy*) and central fat deposition (*lipohypertrophy*). Lipoatrophy is typically most apparent in the face and extremities, and has been associated with advanced HIV and with NRTIs, especially d4T. Central fat deposition in the viscera, breasts, and dorsocervical fat pad (*buffalo hump*) have also been described, though the pathophysiology of lipohypertrophy remains unclear. These changes in the distribution of fat are often, though not always, associated with dyslipidaemia and insulin resistance; some definitions of lipodystrophy include dyslipidaemia and insulin resistance, whereas others do not. A universally accepted case definition of lipodystrophy has not yet been established.

The optimal management of lipodystrophy is not known at this time. Lipoatrophy appears to improve, though very slowly, in patients who remove d4T from their ARV regimens and substitute NRTIs that have less potential for mitochondrial toxicity. Similar medication switch strategies have failed to consistently demonstrate a clinical benefit for patients with lipohypertrophy, though improvements have been documented following dietary and exercise modifications. Cosmetic plastic surgery options exist but are expensive and not widely available, and data regarding long-term outcomes are lacking.