SYMPTOM

dorsocervical fat pad

A dorsocervical fat pad is a buildup of fat where the neck meets the upper back.

WHAT IT FEELS LIKE
A soft or firm hump at the base of your neck

WHERE IT IS FELT
Upper back where your neck meets your shoulders

MOST COMMON CAUSES
Weight gain, long-term steroid medicines, changes in fat distribution

WHEN IT IS URGENT
Red, hot, painful swelling with fever

USUALLY LASTS
Often persists until the underlying cause or weight changes

SEE A DOCTOR IF
It is new, growing, painful, or unexplained

Overview

A dorsocervical fat pad is a collection of fatty tissue at the base of the neck, across the upper back. It is sometimes called a "buffalo hump," although that term can feel insensitive and does not explain the cause.

The fat pad is a physical finding, not a disease by itself. It may develop with overall weight gain, certain medicines, or conditions that change where the body stores fat. Sometimes a rounded spine, a separate lump, or prominent neck muscles can look similar.

A dorsocervical fat pad is usually not an emergency. However, a new or changing swelling should be checked, especially if you do not know why it developed.

What it may feel or look like

The area may appear as a broad, rounded hump where your neck joins your shoulders. It is usually covered by normal-looking skin.

It may feel soft, rubbery, or somewhat firm. The fat pad itself is often painless. Its size can make clothing fit differently or make it harder to tilt your head backward. Some people feel

self-conscious about its appearance.

Pain may come from nearby muscles, joints, or the spine rather than from the fatty tissue. A distinct lump on one side is less typical and could be something else, such as a lipoma, which is a noncancerous fatty lump.

A curved upper spine can also create a hump-like outline. This is called kyphosis. Unlike a fat pad, kyphosis comes mainly from the shape of the spine rather than fatty tissue.

Common causes

Common causes include:

Corticosteroids like prednisone or hydrocortisone , often shortened to steroids, include medicines such as prednisone. They reduce inflammation and are used for many conditions. With prolonged or substantial exposure, they can change how the body stores fat. This is different from anabolic steroids used to build muscle.

Do not stop a prescribed steroid suddenly. The body can become dependent on it for essential hormone activity, so the dose may need to be lowered gradually under medical guidance.

Less common causes include Cushing syndrome, in which the body is exposed to too much cortisol. Cortisol is a hormone involved in stress responses, blood pressure, and metabolism. A dorsocervical fat pad alone does not mean you have Cushing syndrome. Other possible features include easy bruising, wide purple stretch marks, a rounded face, muscle weakness, and weight gain mainly around the trunk.

Changes in fat distribution can also occur with HIV or some HIV treatments. Modern HIV care has changed the pattern and frequency of these effects, so any medicine concerns should be discussed with the clinician managing your treatment.

Rare inherited or metabolic conditions can cause unusual fat deposits. These are more likely when there are several fatty swellings, a strong family history, or changes that began at a young age.

A red, hot, rapidly changing, or very painful swelling is not typical of a simple fat pad. Infection or another type of swelling may need to be considered.

- Overall weight gain or obesity
- Corticosteroid medicines used over a long period
- Individual or family patterns of body-fat storage

When to seek medical care

Book a routine appointment if the area is new, getting larger, painful, or affecting movement. It is also reasonable to make an appointment if you are concerned about its appearance or do not know what caused it.

Arrange a review if you take steroid medicine and notice a new fat pad, especially with easy bruising, muscle weakness, facial rounding, or other body changes. Keep taking the medicine as prescribed until you receive medical advice.

Seek same-day medical care if the swelling becomes red, hot, very tender, or is accompanied by fever. These features can suggest infection rather than ordinary fatty tissue.

Seek emergency help if swelling around your neck causes trouble breathing or swallowing. Severe weakness, fainting, confusion, or repeated vomiting after stopping long-term steroids also requires urgent assessment.

How the cause is found

A clinician will ask when you first noticed the area, how quickly it changed, and whether it is painful. Your weight pattern, other symptoms, and family history can provide useful clues.

Bring a list of medicines, including tablets, injections, inhalers, skin creams, and supplements. Steroid exposure can come from several forms of treatment, not only tablets.

The area may be examined to see whether it feels like a broad fat pad, a separate lump, or a change in the shape of the spine. The clinician may also look for other signs of altered hormone levels or fat distribution.

Tests are not always needed. If there are features suggesting excess cortisol, blood, urine, or saliva testing may be arranged. These tests require careful timing and interpretation. Imaging, such as an ultrasound or scan, may be used if the area is one-sided, unusually firm, painful, or difficult to identify on examination.

Treatment and self-care

Treatment depends on what is causing the fat pad.

If it developed with overall weight gain, gradual weight loss may reduce its size. Fat cannot be removed from one chosen area through exercise alone, but regular activity can support general health, strength, posture, and weight management. A clinician or dietitian can help you choose an approach suited to your health and circumstances.

If a medicine may be contributing, its dose or type may sometimes be changed. Never reduce or stop a steroid on your own. The benefits of treatment need to be balanced against side effects.

When excess cortisol is the cause, treatment focuses on where the excess hormone is coming from. This usually involves specialist assessment.

For a persistent fat pad that causes significant discomfort or distress, procedures such as liposuction or surgical removal may be considered. These have risks, and fat can return if the underlying cause continues.

What to expect

A dorsocervical fat pad often changes slowly. It may remain stable for years, decrease with weight loss or treatment of the cause, or persist despite other health improvements.

The outlook depends on why it formed. A medicine-related fat pad may lessen after treatment is safely adjusted, but improvement can take time. If the area is caused by spinal shape rather than fat, weight loss is unlikely to remove the outline.

Follow-up is usually routine unless the area changes rapidly or develops signs of infection. Taking occasional photographs from the same angle may help you describe changes without checking it every day.

Common questions

Does a dorsocervical fat pad always mean Cushing syndrome?

No. Overall weight gain and medicine effects are more common explanations. Cushing syndrome usually causes several features, not just a fat pad.

Can posture cause it?

Poor posture does not create fatty tissue, but rounded shoulders or a curved upper spine can make the area look more prominent. A clinician can help tell the difference.

Will exercise remove it?

Exercise cannot target fat loss from one exact area. It may help with overall fat loss, muscle strength, mobility, and posture.

Should I stop taking steroids?

No. Suddenly stopping long-term steroid treatment can be dangerous. Ask the clinician who

prescribed it to review the medicine and advise whether a gradual reduction is appropriate.

Is it cancer?

A broad, slowly developing fat pad is not usually cancer. A separate hard lump, rapid growth, skin changes, or ongoing pain should be examined because these features are not typical of a simple dorsocervical fat pad.

Sources

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