

Pictorial CME

Tuberous xanthomas - Pictorial CME

Neki NS

DOI: <http://dx.doi.org/10.3329/bjms.v14i1.21577>

Bangladesh Journal of Medical Science Vol. 14 No. 01 January'15. Page: 111-112

A 16 year-old girl presented to the outpatient department with a history of yellowish nodular lesions on the arms, legs, buttocks, knees and upper trunk since 9 months. The lesions first appeared as small, slightly elevated plaques that were well circumscribed on the upper eyelids near the inner canthi. After 3 months, papular lesions appeared on the rest of head, back, arms, legs, buttocks. Cutaneous examination revealed multiple, firm, nontender, mobile, yellow

nodules, 5-6 cm in size on the buttocks (Fig 1), ventral aspect elbows (Fig 2), right knee (Fig 3), extensor surface of legs (Fig 4). Rest of the physical examination was normal. Laboratory investigations including complete hemogram and urinalysis were normal. S.triglycerides were 254mg%, total cholesterol 440mg%, LDL 620mg% and lipemic serum. Renal & hepatic profiles were within normal limits. X ray chest, ECG, RA factor, ANA levels, CRP, ESR



Figure 1-Patient's buttocks



Figure 2- Patient's elbows



Figure 3 - Patient's right knee



Figure 4- Patient's legs shows tendinous xanthoma

Corresponds to: N.S. Neki, Professor, Dept. of Medicine, Govt. Medical College and Guru Nanak Dev Hospital, Amritsar, 143001, Punjab, India. **Email:** drneki123@gmail.com

& USG abdomen were normal. Biopsy of a skin lesion of the buttocks showed localized collection of histiocytes with foamy vacuolated cytoplasm, few lymphocytes and neutrophils in the dermis. Touton giant cells were also noted. Based upon the clinical profile of the patient and the histopathological changes, a diagnosis of tuberous xanthoma was made. The patient was kept on follow up. Cryotherapy with nitrous oxide was done for larger tuberous xanthomas along with oral antioxidants. Patient was put on atorvastatin and she responded well to the treatment. The most common dermatologic manifestation of dyslipidemia is xanthomas.

These firm and nontender cutaneous deposits of cholesteryl ester-enriched foam cells are most commonly observed with high levels of LDL. Xanthomas deposit in ligaments and tendons, although they may also be detected in periosteum and fascia. They are classified as tendinous, tuberous, tuberoeruptive, and planar¹. Tuberous xanthomas are found with familial homozygous hypercholesterolemia, autosomal recessive hypercholesterolemia (ARH), sitosterolemia, cerebrotendinous xanthomatosis and familial dysbetalipoproteinemia².

References:

1. Miller M, Vogel RA. Clinical signs and syndromes associated with premature coronary artery disease. In: The Practice of Coronary Disease Prevention. Baltimore, Md: Williams & Wilkins; 1996:24-35.
2. Sethuraman G, Sugandhan S, Sharma G, et al. Familial homozygous hypercholesterolemia: report of two patients and review of the literature. *Pediatric Dermatology*. 2007; **24** : 230 - 34 .
<http://dx.doi.org/10.1111/j.1525-1470.2007.00391.x>