

## Eruptive Xanthoma as a Sign of Underlying Severe Metabolic Disorder

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**Keywords:** eruptive xanthoma, hypertriglyceridemia, dermoscopy, xanthomatosis

**Citation:** Rigolon de Lara J, Momente Miquelin G, Lapins J, Leocadia Fernandes E. Eruptive Xanthoma as a Sign of Underlying Severe Metabolic Disorder. *Dermatol Pract Concept*. 2023;13(1):e2023025. DOI: <https://doi.org/10.5826/dpc.1301a25>

**Accepted:** May 1, 2022; **Published:** January 2023

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**Funding:** None.

**Competing Interests:** None.

**Authorship:** All authors have contributed significantly to this publication.

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### Case Presentation

A 40-year-old woman presented with a 2 year history of multiple asymptomatic yellow-erythematous papules and plaques on the upper limbs, extending to the trunk and lower limbs. Dermatoscopy showed aggregates of white to yellow clods on a structureless pink background. History of type 2 diabetes mellitus. Laboratory abnormalities occurred: triglycerides 6137 mg/dl (0-149 mg/dl), glucose 317 mg/dl (65-99 mg/dl). Histopathological examination revealed xanthomatous cells with immunohistochemistry: CD68+ in numerous histiocytes, compatible with eruptive xanthoma.

### Teaching Point

Eruptive xanthomas develop in cases of pronounced and abrupt onset hypertriglyceridemia and are characterized by

small, yellow, cutaneous papules, 1-4 mm in diameter, with an erythematous halo around the base. They appear suddenly in crops over pressure points and extensor surfaces of the arms, legs, and buttocks. These forms of xanthomas develop exclusively in the presence of lactescent plasma and severe hypertriglyceridemia [1].

Hypertriglyceridemia causes morbidity and mortality by significantly increasing the risk of atherosclerosis, cardiovascular disease and stroke. In addition, there is an increased risk of acute pancreatitis [2].

It is therefore very important to recognize the clinical and dermatoscopic features of the cutaneous presentation of this severe metabolic disease and request adequate laboratory workup and initiate appropriate treatment.



**Figure 1.** (A, B) Multiple yellow-erythematous papules and plaques. (C) Dermatoscopy showed aggregates of white to yellow clods on a structureless pink background.

## References

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