A Rare Manifestation of Tuberous Xanthomas

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A 70-year-old female was admitted with a 10-year history of painless purple lesions on the dorsal surfaces of her hands (Fig. 1a). She had no history of diabetes mellitus, hypothyroidism, or other systemic disease and no family history of similar lesions. Her lipid profile, thyroid function tests, and liver function tests were within normal limits. A biopsy of the lesions showed fibrosis in the superficial dermis and clusters of cholesterol crystals in the intermediate and deep dermis, with xanthomous cytoplasmic histiocytes and few giant cells (Fig. 1b), consistent with a diagnosis of tuberous xanthomas. This lesion is typically associated with hyperlipidemia, including familial dysbetalipoproteinemia and familial hypercholesterolemia.[1, 2] However, the patient had normal lipid levels and no history of a familial lipid disorder. The differential for normolipemic tuberous xanthomas includes liver disease, lymphoproliferative disease, paraproteinemia, Langerhans cell histiocytosis, and rare skin disorders such as xanthoma disseminatum, and generalized eruptive xanthomas. This patient underwent clinical evaluation to identify an underlying etiology, including complete blood count, viral marker testing, protein electrophoresis, urinalysis, and chest and abdominal computed tomography; however, the work-up was negative. Thus the diagnosis of normolipemic tuberous xanthoma was established, but no underlying cause was identified.

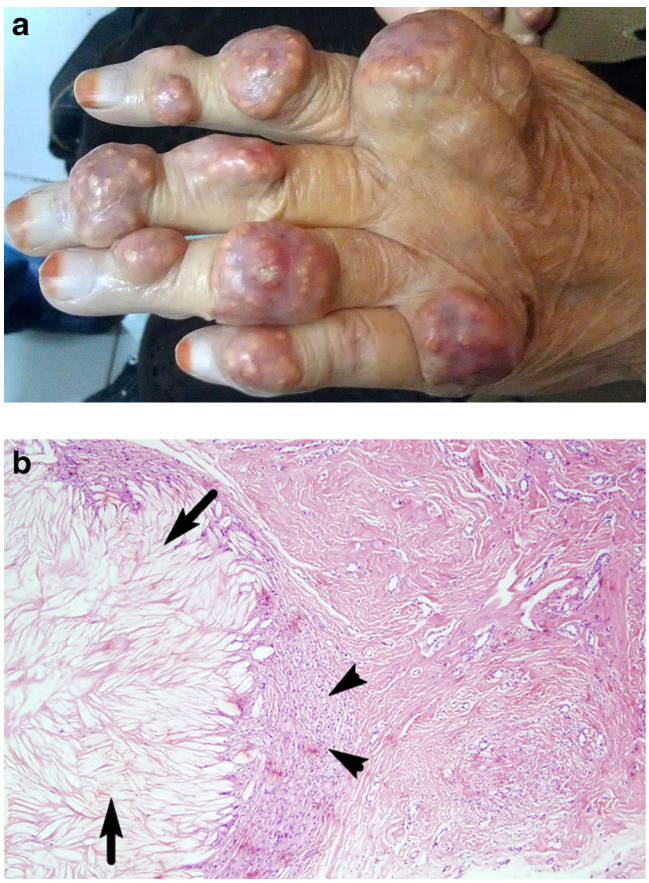

Figure 1. a Prominent tuberous xanthomas on the dorsal surface of the hand. b Aggregates of cholesterol crystals (arrows), surrounded by a mild inflammatory infiltration and fibrosis (arrowheads) (HE×200).

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Conflict of Interest: *The authors declare that they have no conflicts of interest.*

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