

XANTHOMA DISSEMINATUM

S M Shanmugham Pillai and P A Sarojini

A 30-year-old male developed disseminate xanthoma with symblepharon, arthralgia and narrowing of the joint space of hip joints. Serum lipid studies were normal, but the histopathology was diagnostic of xanthoma.

Key words : Xanthoma dissemination.

Xanthoma disseminatum is a rare histiocytic proliferative disorder characterised by widespread cutaneous xanthomata but usually without evidence of systemic disturbance of lipid metabolism.¹ Only less than thirty such cases are reported so far in the literature.²

Case Report

Thirty-year-old man developed multiple skin lesions over the face and trunk. These were asymptomatic and were more around the eyes, sides of neck, axillae, groins and upper back. The lesions increased in number and size over a span of five years. He had also developed arthralgia of both hip joints for the past six months. There was no history of similar skin lesions in the family. He is married and his two children are healthy and have no skin disease. The lesions in the patient were numerous, discrete, erythematous papules with a brownish-yellow tinge, size ranging from pin-head to 1 cm, present over face especially around the eyes, forehead, malar area, sides of neck, upper back and postero-lateral aspect of both upper arms and thighs. In addition, large, brownish yellow nodules varying from 2 cm to 4 cm were seen on both sides of neck, axillae and groins and some of them were pedunculated (Figs. 1 and 2). He had yellowish brown papules on both tarsal conjunctivae and also had partial symblepharon on both sides (Fig. 3). Fundus examination of eyes was normal. Oral mucous membrane,



Fig. 1. Papules on he neck.

hair and nails were normal. Systemic examination revealed no abnormality.

Routine urine examination was within normal limits. He had leucocytosis of 14,000/c mm and a high ESR of 106 mm/1st hour. The peripheral blood smear was otherwise normal. Serum stored under refrigeration overnight showed no change. X-ray chest was normal. X-ray pelvis showed narrowing of the joint space of both hip joints, and there were no osteolytic changes. His electrocardiogram and liver function tests were within normal limits. The serum cholesterol was 169 mg% and serum triglycerides were 134 mg% which were normal. His lipid profile showed normal beta and pre-

From the Department of Dermatology, Medical College Hospital, Trivandrum-695 011, India.

Address correspondence to : Dr. S. M. Shanmugham Pillai.

beta bands. Biopsy of his skin lesion showed typical histopathological features of xanthoma consisting of foam cells and Touton's giant cells (Fig. 4). ENT consultation did not show



Fig. 2. Nodules on the axilla and trunk.



Fig. 3. Symblepharon on the lateral canthus of both eyes.

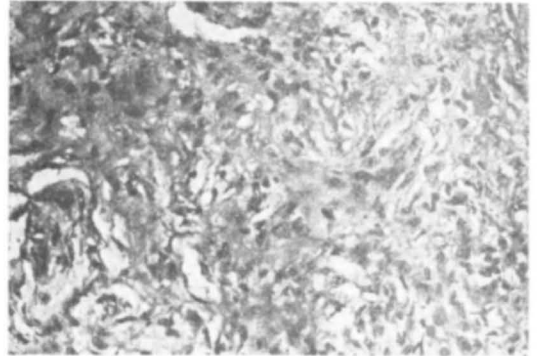


Fig. 4. Large histiocytes with granular vacuolated cytoplasm and relatively small, darkly staining nuclei which are characteristic of xanthoma.

involvement of the pharynx and larynx. There was no evidence of diabetes insipidus as the specific gravity test of urine and 24-hour urine output were within normal limits.

Comments

Our patient did not have any involvement of the mucous membranes except for the conjunctiva, though it has been reported by others.^{1,3,4} Diabetes insipidus another common feature described in association with xanthoma disseminatum^{2,3,5} which was also not seen in our case. Our patient had papules on the eyelids and symblepharon on both sides which have not been reported earlier. Although there was no osteolytic lesion in the bones in this case, he had arthralgia of the hip joints and narrowing of the joint spaces. This could be due to xanthomatous involvement of the hip joint.³

References

1. Altmann J and Winkelmann RK : Xanthoma disseminatum, *Arch Dermatol*, 1962; 582-596.
2. Croker AC : Xanthoma disseminatum, in : *Dermatology in General Medicine*, 2nd ed, Editors, Fitzpatrick TB, Eisen AZ, Wolff K et al : Mc Graw-Hill, New York, 1979; p 1173-1174.

3. Mischkel MA, Codhott WP, Nazir DJ et al; Xanthoma disseminatum, Arch Dermatol, 1977; 113 : 1094-1100.
 4. Hu CH and Winkelmann RK : Unusual normolipidaemic cutaneous xanthomatosis. A comparison of 2 cases illustrating the differential diagnosis, Acta Dermato-Venereol (Stockh), 1977; 57 : 421-429.
 5. Sonnex TS, Ryan TJ and Dawber RPR : Progressive xanthoma disseminatum, 1981; 105 : (Suppl 19) : 79-81.
-