TUBERO-ERUPTIVE XANTHOMA WITH HYPOTHYROIDISM

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A 48-year-old female presented with multiple yellow coloured papules, nodules and plaques over both hands, forearms, elbows, gluteal region and thighs. Investigation revealed very high cholesterol levels in blood and low T3 level. Skin biopsy showed xanthoma cells. T3 level increased after eltroxin therapy.

Key words : Xanthoma, Hyperlipidaemia, Hypothyroidism

Tuberous xanthoma may be seen as small papules of 0.5 cm to lobulated tumours of 2.5cm in size. These are firm, painless, yellow or orange in colour and are usually seen on pressure areas, such as over knees and elbows. Eruptive xanthomas are usually seen as pinheads on buttocks, shoulders and extensor surface of extremities. Rarely the pinpoint papules of eruptive xanthoma may coalesce and overlie lesions of tuberous xanthoma and are then called tubero-eruptive xanthoma.[1] Xanthoma is one of the presentations of primary or secondary hyperlipidaemia leading to type II a or type II b lipoproteinaemia with increase in plasma cholesterol level and occasionally xanthomas. Recently we came across a case of tuberoeruptive xanthoma due to hypothyroidism and the same is presented.

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Case Report

A 48-year-old female patient reported with multiple yellow coloured eruptions over both hands, elbows, gluteal area, thighs and forearms for the last 10 years. She also complained of puffiness of face, weight gain, intolerance to cold and dryness of skin of same duration. She denied history of taking oral contraceptives or retinoids in the past. Her menstrual cycle was irregular with scanty discharge for last 8 years. There was no family history of similar skin complaints. General examination revealed an obese patient with puffiness over face and swelling

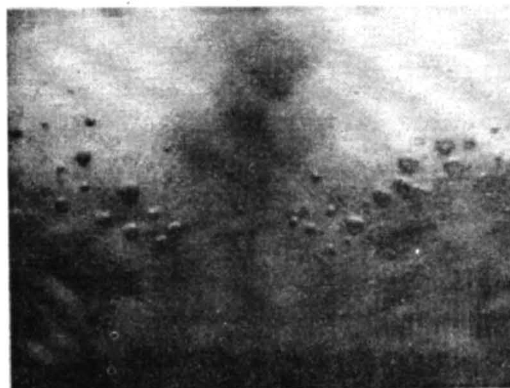

Fig. 1 . Multiple yellow coloured papules and nodules on both gluteal region

of eyelids and hands. Vital parameters were normal. Systemic examination was normal. Dermatological examination showed multiple yellow coloured 0.5 cm to 3 cm sized papulo nodular lesions and a few plaques on the palmar and dorsal aspect of fingers forearms, elbows, lateral aspect of both thighs and gluteal area (Fig. 1). Multiple pinhead papules which coalesced to form yellowish plaques were seen overlying yellowish nodular lesions. All these eruptions were nontender and were firm in consistency. Skin in general was rough and dry.

Routine haemogram, urine test, blood sugar, urea, x-ray of the chest were normal. Thyroid function test showed T3-0.33 μg/dl, T4 - 4.5 μ g/dl, and TSH - 7.71 iu/dl. Lipid profile showed very high total cholesterol of 710 mg/dl and high LDL fraction - 555 mg/dl; triglycerides 64.1 mg/dl; HDL cholestrol - 27 mg/dl. ECG and serum amylase were within normal limits. Skin biopsy showed multiple xanthoma cells.

Based on clinical and laboratory profile she was diagnosed as a case of tuberoeruptive xanthoma with hypothyroidism. She was put on tab eltroxin 0.1 mg daily in consultation with endocrinologist with which her hypothyroid state improved. A course of clofibrate was given for six months. However, xanthoma lesions remained unchanged.

Discussion

Xanthoma is an uncommon presentation of generalised disturbance of lipid metabolism.[2] The secondary hyperlipidaemias may be due to biliary cirrhosis, nephrotic syndrome, hypothyroidism, diabetes mellitus, alcoholism, hepatoma, cushing syndrome, acute intermittent porphyria, monoclonal gammapathy, lipodystrophy, oral contraceptives or retinoids. Our case presented with lesions of tuberoeruptive xanthoma of long duration. She also had features of hypothyroidism which was confirmed by investigations. It is presumed that this rare form of xanthomas was due to hypothyroidism.

References

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