Xanthoma

WHAT IS IT?
- Xanthoma is a commonly occurring skin disorder consisting of fatty deposits under the surface of the skin.
- These lesions can be tiny or up to 6–8cm in diameter.
- Older people and those with elevated blood lipids, for example cholesterol, are especially at risk.

CAUSES
- Xanthoma is often a symptom of metabolic disorders such as:
  - Diabetes;
  - Primary biliary cirrhosis;
  - Some cancers;
  - Inherited metabolic disorders, such as familial hypercholesterolaemia.
- Metabolic disorders are linked with an increase in blood lipids, which results in an accumulation of fat in the skin’s macrophage immune cells and subcutaneous layer of fat.

SYMPTOMS
- There are different types of xanthoma that appear on different parts of the body.
  - Xanthelasma palpebrum:
    - Common sites are the eyelids;
    - Lesions develop slowly over a period of months;
    - Associated with hyperlipidaemia;
    - Lesions are yellow papules or plaques.
  - Tuberous xanthoma:
    - Lesions are firm and painless;
    - Most often a result of hypercholesterolaemia;
    - Common sites are pressure points such as knees;
    - Lesions can cluster into a mass.
  - Tendinous xanthoma:
    - Develop as subcutaneous nodules;
    - A result of severe hypercholesterolaemia;
    - Related to tendons and ligaments;
    - Common sites are the Achilles tendon, hands and feet.
  - Eruptive xanthoma:
    - Lesions appear in clusters;
    - Usually a result of hypertriglyceridaemia and diabetes mellitus;
    - Lesions can be sore but can resolve after a few weeks;
    - Common sites are shoulders, arms, legs and buttocks;
  - Xanthoma dissenmentum:
    - Lesions appear as multiple small bumps, which can merge together forming sheets of hardened skin;
    - Result of a rare form of histiocytosis;
    - Can appear on the face and trunk, armpits and groin. Can also affect mucosal surfaces of the mouth and eyes;
    - Can be complicated by diabetes insipidus and can affect the internal organs.
  - Other forms of xanthoma include plane xanthoma and diffuse plane xanthomatosis.

DIAGNOSIS
- The first diagnostic sign will usually be the lesions.
- Abnormal lipoprotein levels can be confirmed by blood and urine tests.

TREATMENT
- The main aim in treatment of xanthoma is to treat the underlying cause that is resulting in lipid abnormalities.
- In some cases no causal factors can be found or the xanthoma may not resolve after treatment of the underlying cause.
- Eruptive xanthoma usually begins to disappear within weeks of initiating systemic treatment and tuberous xanthoma will show improvement after months. However, tendinous xanthoma may take years to resolve or may never be completely resolved.
- Treatments for persistent xanthoma include:
  - Topical creams;
  - Laser vaporisation;
  - Surgical removal;
  - Electrodesiccation.

REFERENCES