

Multiple Xanthoma Tuberosum

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A 43-year-old unmarried healthy woman presented at the dermatology clinic with xanthelasma (Panel A) and asymptomatic multiple rounded, grouped, and yellow to orange colored nodules, located on the hands and feet for 16 years (Panels B and C). The lesions were 15 mm in size; and were indurated, coalesced, and gradually grown. The patient had no history of diabetes mellitus, hypertension, heart problems, or any history of thyroid disease. On the other hand, she had a family history of sudden death when her brother died at the age of 28 years after a cardiac attack. The vital signs were normal. Full blood counts were normal. Fasting blood glucose was 98 mg/dl (reference range 70 to 99 mg/dl), triglycerides 174 mg/dl (reference range < 150 mg/dl), serum total cholesterol 216 mg/dl (reference range < 200 mg/dl), low density lipoprotein 259 mg/dl (reference range < 116 mg/dl), and high density lipoprotein 29.5 mg/dl (reference range > 55 mg/dl for females). Serum uric acid, liver enzymes, and thyroid function tests were within normal limits. The patient had no evidence of ischemic heart disease or pancreatitis. Treatment started with Rosuvastatin at 40 mg/day. The diagnosis is multiple xanthoma tuberosum (MXT). It is characterized by deposition of lipid at the subcutaneous tissue, particularly on the elbows, knees, face, knuckles, and toe joints. Equal prevalence is reported in males and females. The biopsy is not performed owing to the missing of the patient. This case shed light on MXT associated with abnormal serum lipoprotein levels and a family history of sudden cardiac death. The affected subjects with MXT need long-life follow-up to catch its serious cardiovascular complications as early as possible and treated them promptly.

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