

Eruptive xanthomas as revealing sign of type V hyperlipoproteinemia in a patient with a psychotic syndrome

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SUMMARY

We describe a 33-year-old man affected with a psychotic syndrome, who developed eruptive xanthomas on the knees, elbows, buttocks and neck. In addition, diabetes mellitus, obesity and alcohol abuse but no family history of hyperlipidemia could be identified, suggesting the diagnosis of type V pattern of hyperlipoproteinemia. Complete regression of cutaneous lesions was observed 12 weeks after dietary restrictions and medical management of diabetes. Six months after disappearance of eruptive xanthomas, the patient is still under treatment and no recurrence has been observed.

Introduction

Xanthomas are localized deposits of lipids in the skin and more rarely in the subcutaneous tissue, which are frequently associated with disturbances of lipoprotein metabolism (1). Metabolic lipoprotein abnormalities may be seen as manifestation of specific genetic disorders (primary hyperlipoproteinemias) or as an associated phenomenon secondary to an underlying disease such as diabetes mellitus, hypothyroidism, primary biliary cirrhosis, nephrotic syndrome and pancreatitis (secondary hyperlipoproteinemias).

Xanthomas have been clinically classified as tendinous, eruptive, tuberous, planar and generalized on the basis of anatomic distribution and mode of development (1). Eruptive xanthomas occur mainly in the setting of severe hypertriglyceridemia, high serum concentrations of chylomicrons and/or very low density lipoproteins (VLDL) and contain greater amounts of trig-

lycerides than other types of xanthomas. They appear as pin-head or larger yellowish papules, with a slightly erythematous base, preferentially located over pressure sites such as extensor surfaces of the upper and lower extremities and buttocks (2). They are not rarely associated with pruritus. Histologic features of eruptive xanthomas include a dermal infiltrate composed of histiocytes with foamy cytoplasm admixed with neutrophils, mononuclear cells and sometimes multinucleated giant cells.

We describe a 33-year-old patient affected with a psychotic disorder who developed eruptive xanthomas caused by a severe hypertriglyceridemia secondary to diabetes mellitus; obesity and alcohol abuse were also noted. Complete regression of cutaneous lesions was observed after dietary restrictions and medical management of diabetes.

KEY WORDS

eruptive xanthomas, type V hyperlipoproteinemia, diabetes mellitus, psychotic syndrome

