C. Xanthomas

Definition
Lipid-laden foamy histiocytes aggregate on the skin or mucous membranes to form yellowish lesions. This condition usually accompanies a systemic abnormality of lipid metabolism; however, lipid abnormality is not found in all cases. Xanthoma is divided by clinical features into several subtypes described below.

Pathology
Xanthoma presents histologically as aggregation of foam cells in the dermis (Fig. 17.9). Touton giant cells may be found.

Treatment
Hyperlipemia should be treated first. Eruptive xanthoma may disappear when the triglyceride level falls. However, cases with nodules do not readily respond to oral drugs.

1. Tuberous xanthoma
Embosed, firm, pinkish-yellow tumors of 5 mm to several centimeters in diameter occur, mostly on the extensor surfaces of the elbows and knees and on the joints of the hands and feet (Fig. 17.10). The condition accompanies hyperlipoproteinemia (type IIa, type III, type V).

2. Tendon xanthoma
This is a type of tuberous xanthoma. The Achilles tendons and the tendons of hands, legs and knees become tumorous. It accompanies hyperlipoproteinemia (type IIa).

3. Plane xanthoma
Almost flat or slightly elevated, yellowish lesions occur. They may be accompanied by hyperlipoproteinemia (Fig. 17.11).

4. Xanthelasma palpebrarum
The inner canthus of the upper eyelids becomes flatly elevated. This disorder often accompanies hypercholesterolemia (type IIa, type III). About half of all cases are not accompanied by hyperlipoproteinemia (Fig. 17.12).

5. Eruptive xanthoma
Multiple, small, yellowish papules of 5 mm in diameter or smaller occur on the entire body. Eruptive xanthoma accompanies hypertriglyceridemia (Fig. 17.13).
17 Metabolic Disorders

Synonym: Zinc deficiency syndrome

Outline

- This is a zinc deficiency whose main symptoms are dermatitis, alopecia and diarrhea.
- The main types are a congenital type (autosomal recessively inherited) and an acquired type that is caused by administration of parenteral central venous nutrition or excision of the digestive tract.
- Erythema and erosion form on the distal portions of the extremities, and on the genitalia and orifices (the periphery of the eyes and mouth, nares, and auditory meatus), presenting clinical features similar to psoriasis, seborrheic dermatitis and cutaneous candidiasis.

Clinical features

Dermatitis tends to occur on sites that have mechanical pressure, such as the distal portions of the extremities, the genitalia, and the facial orifices (the periphery of the eyes and mouth, nares, and auditory meatus; Fig. 17.14). Acrodermatitis enteropathica begins with papules, small blisters, or erythema accompanied by pustules, and progresses to erosion and crusts. Annular scaling is clinically observed, resembling psoriasis, impetigo, seborrheic dermatitis and cutaneous candidiasis. Nail deformity and onychia occur.

Alopecia occurs in almost all cases, appearing on the occipital and temporal region of the head first and then spreading to the entire scalp and eyebrows. Diarrhea and vomiting recur.

Pathogenesis

The congenital type of acrodermatitis enteropathica is autosomal recessively inherited. It is caused by a mutation in the