

CosmoDerma





Images/Instrument in Dermatology/Dermatosurgery

Familial hypercholesterolemia

Ishan Agrawal¹, Vishal Pal¹, Bijaylaxmi Sahoo¹

¹Department of Dermatology, Maulana Azad Medical College, Delhi, India.



*Corresponding author: Ishan Agrawal, Department of Dermatology, Maulana Azad Medical College, Delhi, India.

ishanagrawal1995@gmail.com

Received: 19 September 2023 Accepted: 25 October 2023 Published: 03 November 2023

DOI 10.25259/CSDM_180_2023

Quick Response Code:



A 4-year-old female presented with multiple yellowish papules and plaques over knees, buttocks, legs, and gluteal cleft for 1 year, clinically diagnosed as xanthomas. Her mother had yellowish plaques in the bilateral periorbital region for 3 years clinically diagnosed as xanthelasma palpebrarum [Figure 1a].

Lipid profile of daughter revealed raised cholesterol (804 mg/dL) and low-density lipoproteins (859.4 mg/dL). Lipid profile of mother showed raised cholesterol (329 mg/dL) and low-density lipoproteins (235.6 mg/dL). Histopathology from child's knee showed multiple histiocytes, and lymphoplasmacytic infiltrate involving dermis and subcutis, consistent with xanthoma [Figure 1b and c]. Based on lesions, lipid profile, and histopathology, diagnosis of Type 2a dyslipidemia (familial hypercholesterolemia) was confirmed. [1,2]

Cutaneous manifestations reported with familial hypercholesterolemia include tendinous xanthoma (40-50%), xanthelasma (23%), and tuberous xanthomas (10-15%). Less commonly, subperiosteal xanthoma (below knee and over olecranon) may be seen. Rarely, intertriginous xanthomas in the finger webs, axillae, buttocks, antecubital, and popliteal fossa may also been seen, which are pathognomonic of familial hypercholesterolemia.[3]

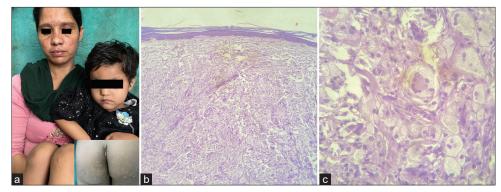


Figure 1: Clinical image. (a) Daughter shows multiple yellow papules over the bilateral knees, legs, and gluteal cleft (Inset); and mother shows periorbital yellowish flat plaques. Histopathology showing (b) thin epidermis, flattened rete ridges, and lymphoplasmacytic infiltrate in dermis and subcutis (H and E \times 100). (c) Lymphoplasmacytic infiltrate and Touton giant cells (H and E \times 400).

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms. ©2023 Published by Scientific Scholar on behalf of CosmoDerma

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

REFERENCES

- Zubielienė K, Valterytė G, Jonaitienė N, Žaliaduonytė D, Zabiela V. Familial hypercholesterolemia and its current diagnostics and treatment possibilities: A literature analysis. Medicina (Kaunas) 2022;58:1665.
- Santos RD, Miname MH, Martinez LR, Rochitte CE, Chacra AP, Nakandakare ER, et al. Non-invasive detection of aortic and coronary atherosclerosis in homozygous familial hypercholesterolemia by 64-slice multi-detector row computed tomography angiography. Atherosclerosis 2008;197: 910-5.
- Sethuraman G, Sugandhan S, Sharma G, Chandramohan K, Chandra NC, Dash SS, et al. Familial homozygous hypercholesterolemia: Report of two patients and review of the literature. Pediatr Dermatol 2007;24:230-4.

How to cite this article: Agrawal I, Pal V, Sahoo B. Familial hypercholesterolemia. CosmoDerma 2023;3:161.