

Images in Endocrinology: Tendon xanthomata in a patient with mixed hypercholesterolaemia

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Figure 1

Table 1 : Lipid profile of the patient

Description	Result	Reference range
Cholesterol total	697.00 mg/dl	>240 - high
Cholesterol HDL	55.00 mg/dl	<40 – low HDL cholesterol
Triglycerides	904.00 mg/dl	200-499 – high, >500 – very high
Cholesterol LDL	394.00 mg/dl	160-189 – high, >190 – very high
VLDL Cholesterol	180.80 mg/dl	<40
Total Cholesterol/HDL ratio	12.67 mg/dl	

Conflicts of interest

We wish to confirm that there are no known conflicts of interest associated with this publication and there has been no significant financial support for this work that could have influenced its outcome.

Caption

These pictures show multiple tendon xanthomata on the posterior aspect of right elbow and on lateral malleolus of left foot of a 55-year-old man with diabetes mellitus and mixed hyperlipidaemia.

Comment

Hypercholesterolaemia has been defined as an elevation of total cholesterol (TC) and/or LDL-cholesterol or non-HDL-cholesterol in the blood, is also often referred to as dyslipidaemia, to encompass the fact that it might be accompanied by a decrease in HDL-cholesterol or an increase in triglycerides. [1] It is associated with increased risk of ischaemic heart disease, cerebrovascular accidents and peripheral vascular disease. [2] Hypercholesterolaemia can be classified according to WHO/ Fredrickson classification. [3]

Peripheral manifestations of hypercholesterolaemia include corneal arcus, xanthelesma and tendon xanthomata. (4) However these skin manifestations are not very common in clinical practice. In this picture story we describe a patient with hypercholesterolaemia and multiple tuberous skin xanthomata.

This 55-year-old male with type II Diabetes Mellitus for 3 years, presented with multiple lumps over extensor surfaces of both upper and lower limbs. Although these lumps had been present for more

than 20 years he had not sought any medical advice. There was no documented family history of premature atherosclerosis or hypercholesterolaemia. The lipid profile revealed a mixed hyperlipidaemia. Other investigations showed uncontrolled diabetes mellitus (fasting blood sugar-261g/dl, HbA1c -12.1%), elevated serum creatinine level (176 µmol/L), gross proteinuria (>300 mg/dL) and normal thyroid profile (TSH-3.2 mU/L, FT4-1.1 ng/L). Ultrasound scan of the abdomen revealed evidence of early renal parenchymal disease and grade I fatty liver.

He was started on high intensity statin therapy and oral hypoglycaemic therapy was optimized in order to reduce his long-term complications due to diabetes.

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