

SKIN CANCER (OTHER THAN MELANOMA)

## ATYPICAL PRESENTATION OF XANTHOMA DISSEMINATUM

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Background: Xanthoma disseminatum (XD) is a rare non-Langerhans cell histiocytosis characterized by lesions involving the skin, mucous membrane and occasionally internal organs. The bone involvement is very rare.

Observation: A 50-year-old woman presented with a four-year history of asymptomatic papules affecting flexures of the trunk. Her medical history included diabetes insipidus that was diagnosed 12 years ago and a papillary thyroid carcinoma successfully treated by surgery and radioiodine therapy with a negative level of thyroglobulin. She was also complaining of bone pain. On examination, multiple, well-defined, papules were seen symmetrically on axillary and inguinal folds. Dermoscopy showed a "setting sun" sign. Histopathological examination of a biopsy sample of the lesions confirmed XD. On laboratory blood tests the patient had normal lipid profile. A search for mucous membrane involvement was negative. Pituitary magnetic resonance imaging (MRI), echocardiography, thoracic and abdominal CT scan were normal. Bone imaging showed suspicious hyper fixation of the clivus and ribs suggesting bone involvement. Our patient was treated with a combination of 2 lipid-lowering agents: simvastatine (20 mg daily) and fenofibrate (160mg daily). The outcome was marked by regression and exfiltration of the cutaneous lesions.

Key message: The etiology of XD is unknown. It has been suggested that XD represents a reactive proliferation of histiocytes with secondary accumulation of lipid. But it is not associated with hyperlipidemia. Systemic disease with organ dysfunction involving bone marrow, liver, skeletal and CNS can be seen. Diabetes insipidus is found in 40% of the cases. Thyroid diseases were reported but, to the best of our knowledge, no case of association with papillary carcinoma of the thyroid was mentioned. Treatment for XD is challenging. We opted for lipid-lowering agents due to their more favorable side-effect profile.





