

CLINICAL IMAGES

Eruptive xanthomas presenting in tattoos

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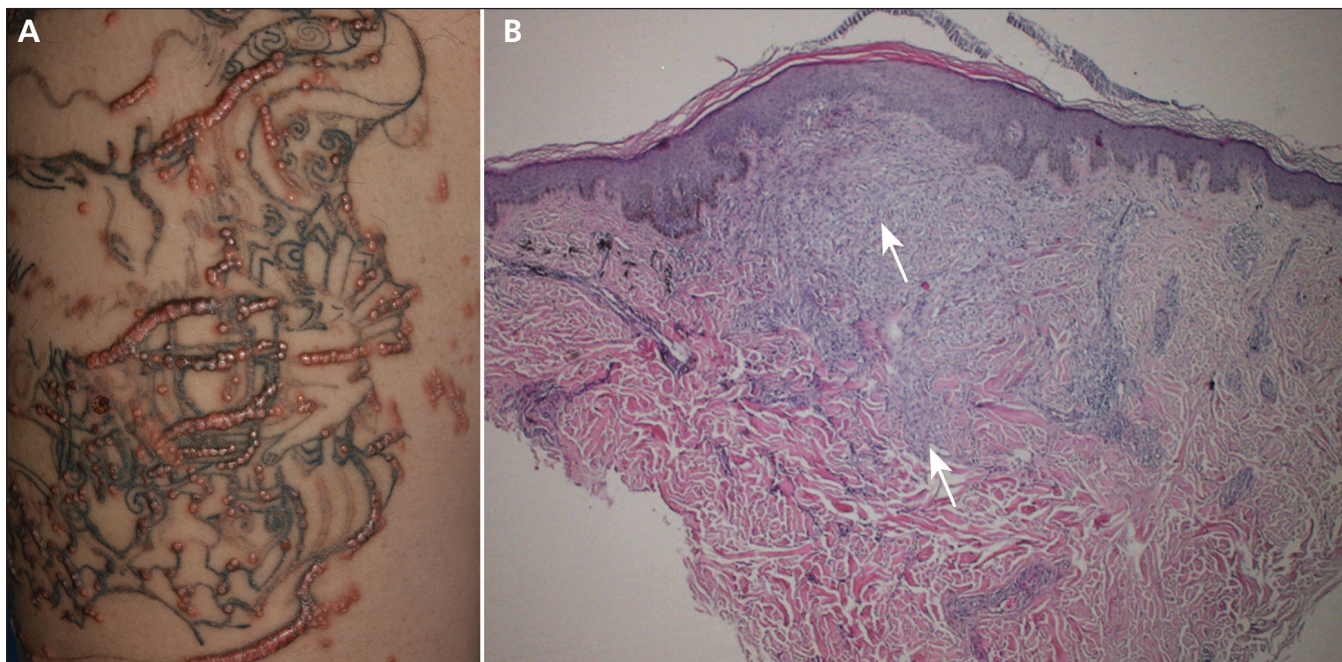


Figure 1: (A) Blue tattoos on the right leg of a 26-year-old man covered by a linear arrangement of xanthomatous papules. (B) Histology of the lesion (hematoxylin–eosin, original magnification $\times 40$) showing an essentially normal epidermis. There is infiltration of numerous nodular foam cells (arrows) and a few multinucleate giant cells within the dermis. Synthetic colours can be seen in the hair follicle and perifollicular tissues.

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A 26-year-old man with a history of uncontrolled hyperlipidemia presented with a six-month history of painful, multiple papules on his chest, back and limbs. The two-year-old tattoos on his right leg were covered by a linear arrangement of papules, suggesting a Koebner phenomenon (Figure 1A). A biopsy from the lesions on the tattoos showed infiltration of nodular foam cells and a few multinucleate giant cells presenting within the dermis. Synthetic colours were observed in the hair follicle and the surrounding tissues (Figure 1B). Our patient had a triglyceride level of 4.52 (normal 0.24–1.70) mmol/L and total cholesterol level of 10.5 (normal 2.8–5.7) mmol/L. We diagnosed eruptive xanthomas and prescribed fenofibrate 200 mg/d. After four weeks of treatment with fenofibrate, the patient's papules had not resolved.

The Koebner phenomenon refers to skin lesions occurring along lines of trauma. It has previously been reported in tattoos in conjunction with eruptive xanthoma and psoriasis.^{1–3} Our case is unusual in that the skin trauma occurred in the distant past, although at least two cases associated with remote skin trauma have been previously described.⁴ Our patient's tattoos were completed 18 months before the xanthomas appeared.

References

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