A 21-year-old woman with a history of poorly controlled diabetes mellitus presented with a 5-week history of an itchy rash. She reported a recent hospitalization for pancreatitis and a family history of paternal hypertriglyceridemia. Examination revealed numerous pink-to-yellow dome-shaped papules on her back, buttocks, bilateral legs, and arms, accentuated on extensor surfaces (Figures 1 and 2). Although eruptive xanthomas were favored clinically, the differential diagnosis also included multicentric reticulohistiocytosis, disseminated granuloma annulare, and sarcoidosis. Histopathology confirmed extracellular lipid along with intradermal foamy histiocytes (Supplemental Figures 1 and 2, available online at http://www.mayoclinicproceedings.org). Laboratory findings revealed a triglyceride level of 3130 mg/dL. On the basis of clinical, histopathological, and laboratory findings, the patient was diagnosed with eruptive xanthomas.

Hypertriglyceridemia can be inherited through lipoprotein lipase deficiency or familial hypolipoproteinemia or because of secondary causes such as diabetes mellitus, obesity, alcohol, or estrogen supplementation. Cutaneous xanthomas result when lipids deposit in the dermis within macrophages, known as foam cells, and in the extracellular matrix. They can be divided into eruptive, tuberous, tendon, verruciform, and planar xanthomas. Eruptive xanthomas are associated with elevated serum chylomicron levels and thus hypertriglyceridemia, often exceeding 3000 mg/dL. The accumulation of lipid presents as pruritic yellow papules, most commonly on the buttocks and extensor surfaces of extremities. Diagnosis can be confirmed by histopathology with a histiocytic perivascular infiltrate, extracellular lipid, and lipidized macrophages. Failure to diagnose and treat hyperlipidemia leads to an increased risk of atherosclerosis, cardiovascular disease, and pancreatitis. Along with lifestyle modification, treatment of hypertriglyceridemia with fibrates or niacin results in regression of xanthomas while aiming to prevent systemic complications.

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SUPPLEMENTAL ONLINE MATERIAL
Supplemental material can be found online at: http://www.mayoclinicproceedings.org. Supplemental material attached to journal articles has not been edited, and the authors take responsibility for the accuracy of all data.

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