Clinical Images

An Unusual Rash in a Middle-Aged Man

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Figure 1. Yellowish-pink, well-defined papular skin eruption seen on the extensor surfaces of the elbows (a, b) and knees (c), consistent with eruptive xanthomas. A closer view of the eruptive xanthomas on the extensor surfaces (d, e).

A 46-year-old Caucasian male with a history of poorly controlled type II diabetes mellitus (DM) and hypertriglyceridemia presented with painless, non-pruritic bumps on his bilateral arms and knees for two weeks. Four weeks previously, the patient had been started on mirtazapine for post-traumatic stress disorder. He denied any past or family history of such rashes. On examination, his skin was remarkable for grouped pink to yellow, well-defined papules on the extensor surfaces

of his elbows and knees (Fig. 1). The patient's laboratory tests showed hyperglycemia (400 mg/dl) and severe hypertriglyceridemia (>3000 mg/dl). Based on his examination and laboratory findings, a diagnosis of eruptive xanthomas in the setting of severe hypertriglyceridemia was made.

Eruptive xanthomas are characterized by the sudden eruption of yellow-red papules in pressure-bearing areas such as the extensor surfaces, buttocks and knees.¹ They are usually associated with hypertriglyceridemia and chylomicronemia due to genetic or acquired disorders. Type II DM and use of antipsychotic agents, as seen in our patient, have been associated with increased incidence of xanthomas.^{2,3} Our patient was managed with adequate glycemic control by initiation of insulin therapy and gemfibrozil as well as discontinuation of the offending antipsychotic agent.

All authors have had access to all data in the study, and read and approved submission of the letter, and the findings have not been presented previously at any conference or published in print or electronic format

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