IMAGES IN DERMATOLOGY

# Bilateral and Symmetrical Yellowish Plaques on the Arms

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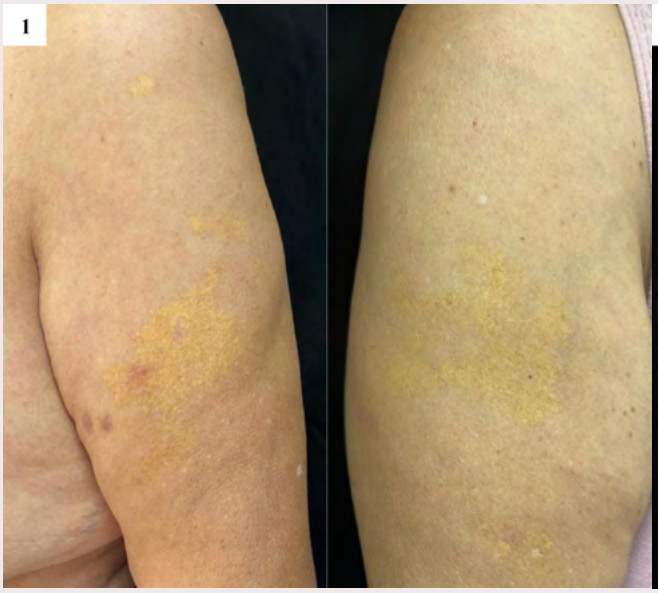

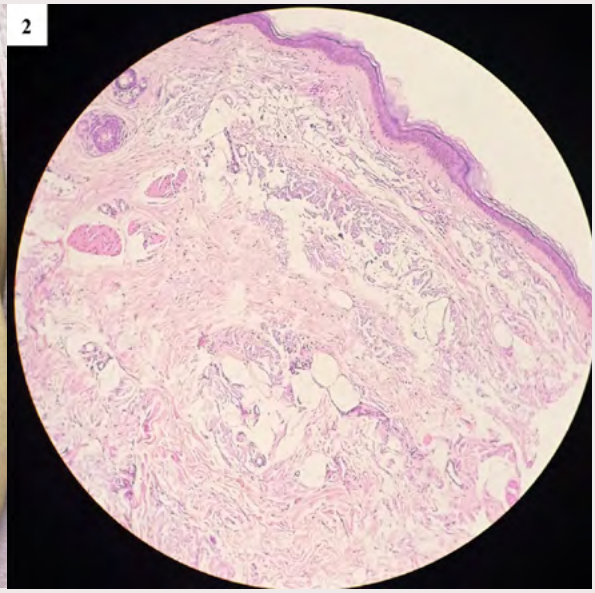

A 60-year-old female patient with hypothyroidism and rheumatoid arthritis presented with a 3-year history of an asymptomatic dermatosis characterized by yellowish, bilateral, symmetrical, and well-defined plaques with irregular borders and some purpuric areas on the outer surface of the arms (Figure 1). In addition, yellowish bilateral infraorbital papules were observed. Laboratory tests revealed triglycerides of 146 mg/dL and cholesterol of 179 mg/dL, with normal renal and hepatic function. Figure 2 shows the histopathological study, revealing a slightly thinned epidermis, foamy histiocytes, isolated Touton cells, and eosinophilic and glandular deposits in the papillary dermis. The findings are consistent with a normolipemic diffuse plane xanthoma (NDPX). At present, the patient is undergoing periodic follow-up to evaluate any potential malignancy.

Normolipemic diffuse plane xanthoma (NDPX) is a rare entity classified among non-Langerhans cell histiocytoses. Its etiopathogenesis is not well established, and it affects individuals over fifty years of age of both sexes. It was first proposed in 1962 by Altman and Winkelmann,[1] and since 1966 it has been associated with various diseases, particularly monoclonal gammopathy and multiple

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myeloma. It may also occur in association with mycosis fungoides, myeloid leukemia, or coexist with diabetes insipidus, rheumatologic diseases, and hepatitis C.[2-7] They present as yellow-orange macules or flat plaques located on the eyelids, neck, upper trunk, and flexural areas; they may also appear on scars and striae. No lipid abnormalities are present. Histopathology shows foamy cells, foamy histiocytes, and occasional Touton cells. The diagnosis of normolipemic diffuse plane xanthoma (NDPX) is crucial due to its association with hematologic and lymphoproliferative disorders, as it may precede them by several years (1–19 years) or, more rarely, appear subsequently. It can be a sign of poor prognosis, thus requiring close clinical monitoring. Treatment options include surgical excision, chemical abrasion, or ablative laser therapy.[8,9]

## INFORMED CONSENT

The patient included in this study signed an informed consent form authorizing the use of clinical data and images exclusively for research and scientific publication purposes. It is guaranteed that no personal information has been disclosed and that no photographs allowing patient identification have been used.

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