

[ PICTURES IN CLINICAL MEDICINE ]

## Eruptive Xanthomas Caused by Primary Type V Hyperlipoproteinemia

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Picture 1.



Picture 2.

A 39-year-old man (height, 170 cm; weight, 105 kg; body mass index, 36.3 kg/m<sup>2</sup>) with dyslipidemia (no family history) and type II diabetes mellitus treated with 50 mg ipragliflozin, 1,500 mg metformin, and 0.2 mg pemafibrate was referred to our clinic. On his visit with a dermatologist because of skin lesions, eruptive xanthomas were observed around the cubital fossa (Picture 1), upper arms, back, and thighs (1). Histopathological findings of the biopsy specimens obtained from the skin of the cubital fossa were consistent with features of eruptive xanthomas. Serum total cholesterol, high-density lipoprotein (HDL) cholesterol, triglyceride, and low-density lipoprotein (LDL) cholesterol levels were 781, 33, 8,078, and 82 mg/dL, respectively. Glycated hemoglobin (HbA1c) was 10.7%. A high-resolution lipoprotein subfractionation analysis using agarose gel revealed a chylomicron concentration of 26% (normal range: 0%). The very-low-density lipoprotein level was high at 731.1 (normal range: 4.9-22.8) mg/dL using high-performance liquid chromatography. The apolipoprotein C-II and lipoprotein lipase mass levels in pre-heparin serum were 42.2 mg/dL (normal range: 1.8-4.6 mg/dL) and 40 ng/mL (34.8-67.8 ng/mL), re-

spectively. The patient was diagnosed with primary type V hyperlipoproteinemia (2) and admitted for dietary education. During hospitalization, the total calorie consumption was 1,700 kcal/day. At 1 month after admission, his weight was 96.5 kg; serum total cholesterol, 163 mg/dL; HDL cholesterol, 35 mg/dL; triglycerides, 242 mg/dL; LDL cholesterol, 95 mg/dL; and HbA1c, 8.5%, without additional medication. Furthermore, the skin lesions resolved spontaneously (Picture 2).

**The authors state that they have no Conflict of Interest (COI).**

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