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XANTHOMA

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Synonyms: Xanthelasma; Vitiligoidea; Fibroma lipomatodes.

Xanthomata are unique, butter colored, benign new growths. Two types are recognized, xanthoma planum and xanthoma tuberosum. The flat xanthomata are seen by far most frequently upon the eyelids (Xanthoma palpebrarum). They appear as round, oval or elongated, circumscribed, slightly raised, flat, yellow patches that increase in size very gradually and may in time form a ribbon like band upon the palpebral margin. The original lesions rarely coalesce, however, but on close inspection are found to be merely very closely contiguous. The tumors are about the consistency of the normal skin, there is no palpable infiltration. Their surface may be smooth or finely wrinkled. When the growth is put upon the stretch its color becomes more pronounced, and with a lens, or sometimes with the naked eye, it can be seen to be composed of an aggregation of miliary yellow specks each with a minute reddish central point. While these tumors are located most frequently upon the eyelids they occur also at times widely distributed over the skin, and have been found upon the mucous and serous surfaces inside the body. The tubercular form is less common and differs from the one

just described only in that the tumors are more elevated, rounded, firmer and often larger. They are located more often upon the hands, elbows, knees, buttocks and other points of pressure. When the two types are associated the disease is usually described as xanthoma multiplex. Xanthomata develop slowly. After a time the lesions become stationary; very rarely do they show any tendency to undergo involution. They occur more frequently in women than in men and are observed usually in patients of middle or advanced age. They rarely cause any subjective symptoms, at most only slight itching or tingling. **DIAGNOSIS:** The only other tumor that even remotely resembles xanthoma is *miliun*, the little sebaceous cysts that form sometimes about the eyelids. They are much paler and firmer than xanthomata and after puncture of the epidermis their contents can be expressed. **TREATMENT:** The best results are obtained by congelation. The growths should be frozen for from one-half to one minute with molded carbon dioxid snow dipped in ether. A second and third application may be necessary after the crust of the first freezing has fallen off. When the growth is entirely destroyed it does not tend to recur.