

A red papule with a yellowish hue

STEVEN KOSSARD FACD

A 35-year-old man presents with an asymptomatic yellowish-red papule on his shoulder. What is this lesion?

A 35-year-old man had an asymptomatic, 5 mm papule on his left shoulder which had persisted for six months. Close examination showed a sharply circumscribed, elevated red papule with a yellowish hue (Figure 1). No similar lesions were found on general examination of his skin. Excision biopsy showed an elevated epidermis under which there was a diffuse infiltrate of histiocytes (Figure 2). Many of the histiocytes were multinucleated and had a central wreath of nuclei with a foamy periphery (Touton giant cells). There was a background of lymphocytes, eosinophils and plasma cells between the histiocytes.

Diagnosis

The differential diagnosis of papular lesions with a yellowish hue includes the following conditions.

- **Mastocytoma** presents as a reddish-yellow papule that often urticates on rubbing. Solitary mastocytoma is usually seen in children and is rare in adults. Skin biopsy reveals sheets of uniform mast cells containing mast cell granules loaded with histamine.
- **Keratin granulomas** appear as yellowish-red papules and usually develop in the wake of follicular cysts or folliculitis. Skin biopsy often shows foreign body giant cells (with aggregated nuclei surrounding keratin strands) within the dermis mixed with neutrophils.
- **Sarcoidal granulomas** may also have a reddish-yellow hue. They are usually multiple. Skin biopsy demonstrates granulomas formed by epithelioid histiocytes that are usually not foamy or multinucleated. Polarisation of the biopsy sections may reveal foreign body material. Systemic sarcoidosis may need to be excluded.
- **Papular xanthomas** are usually yellow and multiple. Eruptive forms may present over the buttocks and extensor limbs. Skin biopsy shows sheets of foamy histiocytes without an inflammatory component. Serum lipid levels may be elevated but can be normal in individuals with solitary lesions.
- **Xanthogranuloma** is the correct diagnosis. It may occur as a solitary lesion or multiple lesions, and is more frequent in childhood. Ocular xanthomas and extracutaneous lesions may involve the central nervous system, pericardium, lungs, bone or testes. Such lesions may be asymptomatic and provide problems in diagnosis. Serum lipid levels are normal. Individual xanthogranulomas may be removed surgically, but the natural course is one of slow spontaneous involution.

Keypoint

Normolipaeamic xanthogranuloma presents as solitary or multiple red papules with a yellowish hue. MT



Figure 1. A red papule with yellowish hue on the patient's left shoulder.

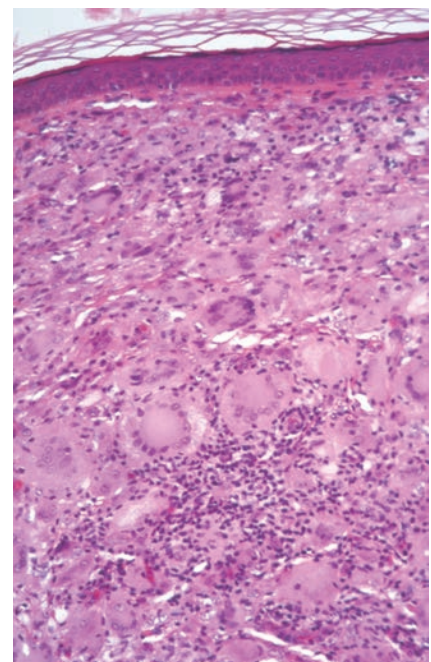


Figure 2. Skin biopsy demonstrating sheets of multinucleated histiocytes with a wreath of nuclei and foamy periphery (Touton cells), mixed with lymphocytes, eosinophils and plasma cells.

Professor Kossard is Associate Professor, Skin and Cancer Foundation and St Vincent's Hospital, Darlinghurst, NSW.