CONDITION

Eruptive xanthomatosis

Eruptive xanthomatosis causes sudden crops of small fatty skin bumps when blood triglycerides become very high.

WHAT IT IS
Sudden crops of fatty skin bumps from very high triglycerides

BODY SYSTEM
Skin and fat metabolism

MAIN SYMPTOMS
Yellow-red bumps, itching, tenderness, sudden widespread crops

WHAT CAUSES IT
Very high triglycerides, often from diabetes or inherited conditions

HOW IT IS DIAGNOSED
Skin examination, blood lipid tests, sometimes skin biopsy

MAIN TREATMENT
Triglyceride lowering and treatment of the underlying cause

CAN IT BE CURED?
Sometimes - lesions clear with triglyceride control

IS IT AN EMERGENCY?
Sometimes - severe upper abdominal pain may signal pancreatitis

LONG-TERM OUTLOOK
Lesions usually resolve, but recurrence reflects ongoing triglyceride problems

Overview

Eruptive xanthomatosis is a skin condition caused by extremely high levels of triglycerides, a type of fat carried in the blood. It produces sudden crops of small, firm bumps called eruptive xanthomas. These contain fat that has collected within immune cells in the skin.

The bumps are usually yellow, pink, red, or skin-coloured. They often appear over the buttocks, thighs, knees, elbows, arms, or back, and many may develop within a short time.

The skin changes are not cancerous or contagious. However, they can warn that triglycerides are high enough to cause other health problems, particularly acute pancreatitis, which is inflammation of the pancreas.

Eruptive xanthomatosis may be the first visible sign of uncontrolled diabetes, an inherited

problem processing fats, another health condition, or a medicine effect. Finding and treating the cause of the high triglycerides is more important than treating the bumps alone.

Symptoms

Eruptive xanthomas usually appear over days or weeks. Typical features include:

The bumps may resemble acne, insect bites, molluscum, or other skin conditions. Unlike acne, they do not usually contain pus. Squeezing them will not remove the underlying fat and can damage the skin.

Other symptoms may come from the cause. For example, uncontrolled diabetes can cause increased thirst, frequent urination, tiredness, blurred vision, or unexplained weight loss.

Very high triglycerides may also cause creamy-looking blood vessels at the back of the eye, called lipemia retinalis. This is usually found during an eye examination.

Persistent upper abdominal pain, especially with nausea or vomiting, is not a usual symptom of the bumps. It may indicate acute pancreatitis and needs urgent assessment.

- Small, firm, raised bumps, often a few millimetres wide
- Yellow or cream centres with a pink or red border
- Groups on the buttocks, thighs, knees, elbows, arms, or back
- Itching, tenderness, or sensitivity, although some cause no discomfort

Causes and risk factors

Triglycerides rise when the body receives or produces more fat than it can clear from the blood. At very high levels, fat-rich particles may escape from small blood vessels and collect in the skin. Immune cells absorb the fat and become "foam cells," forming the bumps.

Possible causes and contributors include:

Associated medicines include certain oestrogens, corticosteroids like prednisone or hydrocortisone , retinoids, antipsychotics like olanzapine or risperidone , immune-suppressing medicines, and some HIV treatments. Do not stop a prescribed medicine because of a possible connection. A clinician can review its benefits, risks, and alternatives.

Some people inherit changes affecting enzymes that process fat. Familial chylomicronaemia syndrome is one rare example. Others inherit a tendency toward high triglycerides that becomes apparent when combined with diabetes, alcohol, diet, pregnancy, or medicines.

A family history of very high triglycerides, unexplained pancreatitis, or similar bumps may suggest an inherited cause.

- Diabetes that is undiagnosed or not adequately controlled
- Heavy alcohol use
- Excess body weight or metabolic syndrome
- An underactive thyroid
- Kidney or liver conditions
- Pregnancy
- Inherited problems that affect triglyceride clearance
- Medicines that raise triglycerides in some people

Diagnosis

A clinician will examine the bumps and ask when they appeared, whether they itch or hurt, and whether they have occurred before. Your medical history, medicines, alcohol intake, family history, and symptoms of diabetes or thyroid problems are also relevant.

Blood testing is central to diagnosis. A lipid panel measures triglycerides and different forms of cholesterol. Depending on the circumstances, you may need to fast before the sample is taken.

Further tests may include blood glucose or HbA1c for diabetes, thyroid tests, and kidney and liver function tests. If abdominal pain suggests pancreatitis, additional blood tests and imaging may be needed.

The bumps' appearance together with markedly raised triglycerides often establishes the diagnosis. If the appearance is unusual or the diagnosis remains uncertain, a skin biopsy may be performed after numbing the area. Under a microscope, eruptive xanthomas contain fat-filled foam cells.

Genetic testing is not needed for everyone. It may be considered if triglycerides remain extremely high despite treatment, symptoms began early in life, pancreatitis has occurred repeatedly, or family history suggests an inherited condition.

Treatment and management

Treatment aims to lower triglycerides and address why they became high. The bumps usually improve as blood fat levels fall, so surgical removal is rarely needed.

Management may include changes to food, alcohol intake, physical activity, weight, and diabetes control. People with extremely high triglycerides may need a carefully planned low-fat eating pattern. A dietitian can help ensure it is nutritionally adequate and appropriate for the cause.

Alcohol can raise triglycerides substantially, so avoiding it may be advised while levels are very high. Sugary drinks and large amounts of refined carbohydrates can also contribute, especially with diabetes or insulin resistance.

Medicines may be used to lower triglycerides or manage cardiovascular risk. Options include fibrates, prescription omega-3 fatty acids, and cholesterol-lowering medicines such as statins like atorvastatin or simvastatin . Treatment depends on the triglyceride level, cause, other conditions, pregnancy status, and current medicines.

If uncontrolled diabetes is responsible, improving blood glucose can lower triglycerides rapidly. Severe cases, particularly those involving pancreatitis or serious metabolic problems, may require hospital treatment.

Do not cut, drain, freeze, or burn the bumps at home. Gentle skin care and avoiding scratching can reduce irritation. A clinician may recommend relief for troublesome itching.

Follow-up blood tests are important to confirm that triglycerides are falling and guide longer-term management.

Complications

The main immediate concern is acute pancreatitis. This can cause severe, steady upper abdominal pain, sometimes spreading to the back, with nausea and vomiting. The risk rises as triglycerides become very high, although a blood result cannot predict exactly who will develop it. Pancreatitis can be serious and requires prompt assessment.

The bumps may become sore from scratching or friction. They generally do not scar unless repeatedly injured or inflamed.

Long-term heart and blood vessel risk depends on the fat particles present and factors such as diabetes, blood pressure, smoking, and cholesterol. Some inherited disorders have different risks from common forms of mixed high cholesterol and triglycerides, so overall cardiovascular risk should be assessed separately.

Recurring xanthomas can indicate that triglycerides have risen again or that the underlying cause remains active.

Prevention

An inherited tendency to very high triglycerides cannot be prevented. However, episodes may sometimes be prevented by keeping triglycerides within the target range set for you.

This may involve ongoing diabetes care, limiting or avoiding alcohol, following an appropriate eating plan, and taking prescribed lipid-lowering treatment. Regular blood tests can detect a rise before bumps or pancreatitis develop.

If a medicine may be contributing, its risks and benefits should be reviewed rather than stopping it suddenly. During pregnancy or other periods when triglycerides may change, people with a previous severe elevation may need closer monitoring.

When a genetic condition is confirmed, relatives may be offered lipid testing or genetic counselling to identify those who may benefit from earlier monitoring.

Living with it and what to expect

Eruptive xanthomas often flatten and fade over several weeks to months once triglycerides are lowered. Temporary colour changes may remain after the bumps disappear.

The condition does not usually cause permanent skin damage. Its importance lies in what it reveals about fat metabolism. Even after the skin clears, the tendency toward high triglycerides may remain.

Some people have a reversible trigger, such as uncontrolled diabetes or a contributing medicine. Others need long-term management because of an inherited tendency or ongoing metabolic condition. The bumps can recur if triglycerides rise again.

Routine follow-up usually includes lipid blood tests and monitoring of the underlying cause. Diabetes, thyroid problems, kidney conditions, and cardiovascular risks also need ongoing care when present.

Most daily activities can continue. Clothing that reduces friction and gentle, fragrance-free skin products may make tender areas more comfortable. The condition cannot spread through touch, shared towels, sex, or close contact.

When to get medical help

Arrange a prompt medical appointment if you develop a sudden crop of unexplained yellow, pink, or red bumps, particularly on the buttocks, thighs, knees, or elbows. Blood tests are

needed to check whether triglycerides are very high.

Seek prompt advice if you already have high triglycerides and notice new bumps, worsening diabetes symptoms, or lesions returning after they cleared. These situations need timely assessment but are not automatically emergencies.

Seek emergency medical care for:

These symptoms can occur with acute pancreatitis or another serious condition. Do not wait for a routine appointment.

- Severe or persistent pain in the upper abdomen
- Abdominal pain that spreads to the back
- Abdominal pain with repeated vomiting, fever, faintness, or marked weakness
- New confusion, severe drowsiness, or difficulty breathing

Common questions

Are eruptive xanthomas contagious?

No. They are deposits of fat within cells in your skin and cannot spread through touching, personal items, or close contact.

Will the bumps go away?

They often flatten and disappear after triglycerides are lowered, although this may take weeks or months. They can return if triglycerides become very high again.

Does eruptive xanthomatosis mean I have diabetes?

Not necessarily. Diabetes is a common cause, but inherited conditions, alcohol, medicines, thyroid problems, and other factors may also be responsible. Blood tests help identify the cause.

Can the bumps be popped or removed?

They should not be popped. They are not filled with pus, and squeezing can cause bleeding, inflammation, or scarring. Removing individual bumps does not correct the high triglycerides.

Is eruptive xanthomatosis cancer?

No. Eruptive xanthomas are non-cancerous collections of fat-filled cells. A biopsy may be used if another skin condition needs to be excluded.

Do I need to avoid all fat?

Not everyone needs the same eating plan. When triglycerides are extremely high, a clinician or

dietitian may recommend a strict temporary fat limit. Longer-term advice depends on the cause, diabetes status, medicines, and whether an inherited condition is present. Avoid extreme or nutritionally incomplete diets without professional guidance.

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