

Effective Treatment of Xanthelasma

Kimberly Sansalone, Kenneth Beer MD, and Janelle Pavlis MD
Miller School of Medicine, University of Miami, Miami, FL
University of Pennsylvania, Philadelphia, PA

ABSTRACT

Xanthelasma palpebrae are common lesions on both medical and dermatology patients. They are significant from both medical and dermatologic perspectives. They serve as a sentinel for elevated cholesterol as well as a cosmetic dermatologic issue. Treatment of these lesions requires consideration of diagnosing and treating any underlying cholesterol problem as well as removal of existing lesions. We report a simple yet effective method for treatment of these lesions.

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INTRODUCTION

Xanthelasma palpebrae are the most common type of xanthoma and a common complaint of patients presenting to a dermatology practice.[1] They present clinically as yellow eyelid papules and plaques. They are not a functional impediment in most cases, but they are a significant cosmetic issue for patients. A patient presenting with xanthelasma warrants a work-up for hyperlipidemia; however, it is present in only half of patients. Younger patients with xanthelasma or those with a family history of the condition are more likely to have an underlying disorder and should be screened.[1] Xanthelasma can be treated surgically by excision or with destructive methods such as CO2, pulsed dye, and Nd: YAG lasers.[2] Additional options include chemical agents such as trichloroacetic acid, cryosurgery, and radiofrequency ablation.[3-5] We describe a similar method of superficial tissue destruction using a hyfrecator, an instrument that is readily available in most dermatology clinics, with minimal scarring and low cost. When this method is used in a staged approach, significant cosmetic improvement may be obtained.

CASE

A 63-year-old woman was seen in the dermatology clinic for evaluation of lesions on her eyelids. The lesions had been present for several years and were of significant cosmetic concern to her. Her past medical history included hypercholesterolemia, which was controlled with Rostuvastatin. Her most recent cholesterol reading was a total cholesterol of 208, a triglyceride of 94, a HDL of 53 and a LDL of 136. Treatment options presented to her included surgical removal or laser ablation of the lesions. However, because of the downtime and cost associated with these treatments, these options were not viable.

Examination of the lids revealed significant discoloration of the upper and lower lids (Figure 1a). The color of the lesions was an almost fluorescent yellow that made them even more conspicuous. The decision was made to perform electrodessication using a standard hyfrecator. Anesthesia was obtained by injections of 1% lidocaine with 1:100,000 epinephrine. A small bleb was raised at the lateral aspect of the lower canthus with the needle pointed away from the globe (Figure 2a). The bleb was spread across the lower lateral canthus with a cotton tipped applicator. A similar technique was used for the medial canthus. After both sides were anesthetized, the hyfrecator was used on settings of 4-5 to destroy the xanthoma (Figure 2b). Care was taken to pull the lower canthus away from the globe as well as to use short bursts in order to minimize the amount of heat generated. The patient tolerated the procedure well with minimal pain. She was instructed to apply petroleum jelly to the area for approximately 1-week post procedure. On her return visit (Figure 1b), she was noted to have excellent cosmetic results. She had almost complete resolution of her lower lid lesions, with minimal atrophy and no scarring. She underwent a second procedure on her upper eyelids with similar results.

DISCUSSION

The hyfrecator is a low-powered electrosurgical device used for electrofulguration, electrodessication and electrocoagulation. It has been used to treat hypertrichosis of the eyelids safely, and when used appropriately and with caution, there is little concern for damage to the eye.[6] Low powered, high frequency current has also been used to treat multiple superficial lesions such as cherry angiomas, verruca, and venous lakes with minimal damage to adjacent structures.[7] Given success in treating these conditions, it is reasonable to use this device on xanthelasma palpebrae. Compared to other available agents, electrodessication provides a good balance between ease of use, availability, safety, and cost. Most importantly, patient down time and scarring are minimized compared to surgical excision or laser treatments.

CONCLUSION

When considering treatment options for, Xanthelasma palpebrae, a common complaint of patients presenting to a dermatology practice, consideration should be given to

FIGURE 1. (A) Before treatment of the lower eyelids with hyfrecation. (B) Lower eyelids following one session of treatment with hyfrecator. Note almost complete resolution in areas treated.

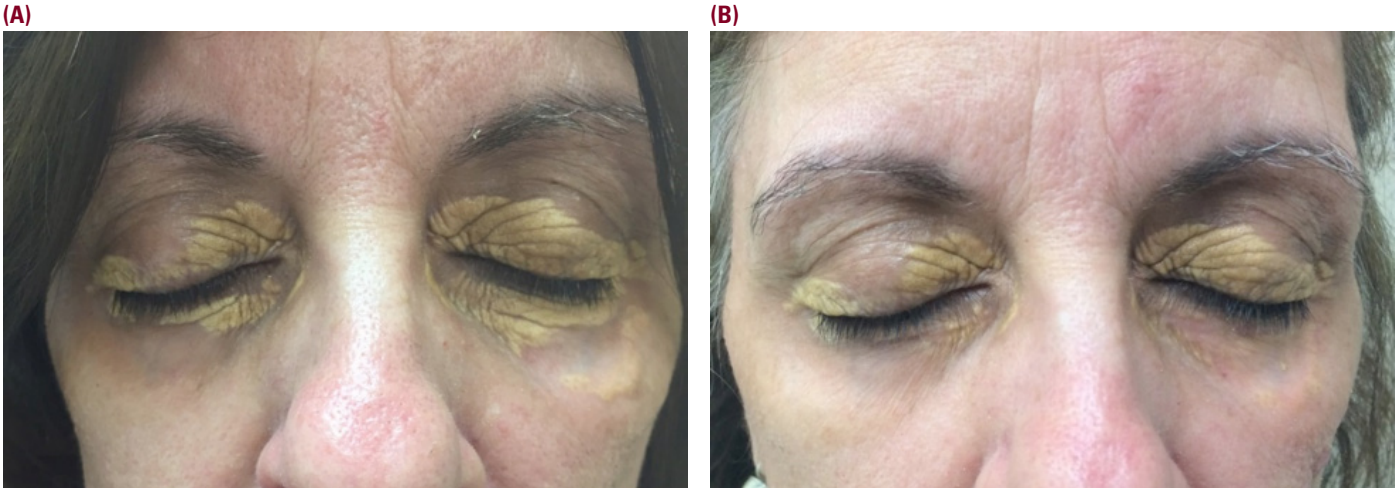

FIGURE 2. Technique. (A) 1% lidocaine with 1:100,000 epinephrine was injected subcutaneously, causing a bleb at the lateral canthus. The bleb was then spread across the lower lateral canthus with a cotton tipped applicator. (B) After both sides were anesthetized, the hyfrecator was used on settings of 3-5 to destroy the xanthelasma.

electrodessication. The patient presented here was treated in a staged approach, with excellent cosmetic results.

DISCLOSURES

The authors have no conflict of interests to declare.

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AUTHOR CORRESPONDENCE

Kenneth Beer MD
E-mail:..... kenbeer@aol.com