

## Duodenal xanthelasmata

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### Introduction

Gastric xanthomas are uncommon mucosal lesions that may cause diagnostic confusion in patients at risk for neoplasia. These appear as yellowish-white plaques in the stomach, most commonly in the antrum. They are also been reported in the oesophagus, small bowel and colon.

### Case

A 84-year old female presented with dyspnoea, swelling of the feet, and passing black, tarry stools of two months duration. On examination she was pale and had bilateral pitting ankle oedema. The rest of the examination was normal. Investigations showed Hb 4.4 g/dl, blood picture-hypochromic microcytic erythrocytes, serum protein 5.6 g/dl, serum albumin 4.4g/dl (normal range 3.5-5), serum iron 2.3 mol/l (normal range 13-32). Upper and lower gastro-intestinal endoscopy showed no abnormalities. She under-went enteroscopy and it showed yellowish plaques in the third part of the duodenum (Figure 1). Histology of the lesion confirmed, xanthelasmata consisting of histiocytes (macrophages) in the lamina propria that were full of fat (Figure 2). Anaemia due to bleeding from xanthelasma is well documented [1].

### Discussion

In a Japanese series of more than 3,000 gastroscopies, xanthelasmata were found in 8% of examinations [2]. Aetiology is unknown, but gastric xanthelasmata are seen when there are other pathological changes, such as chronic and atrophic gastritis, intestinal metaplasia, and bile reflux. Studies in adults show that these lesions are associated with *H pylori* infection [3].

### Conflicts of interest

There are no conflicts of interest.

### References

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Figure 1.

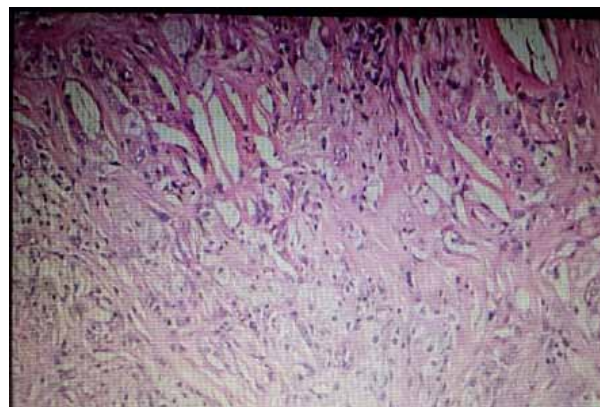


Figure 2.

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