

Case of congenital xanthelasma palpebrarum / by Thomas Barlow.

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Tracts 1791.

Congenital Xanthelasma

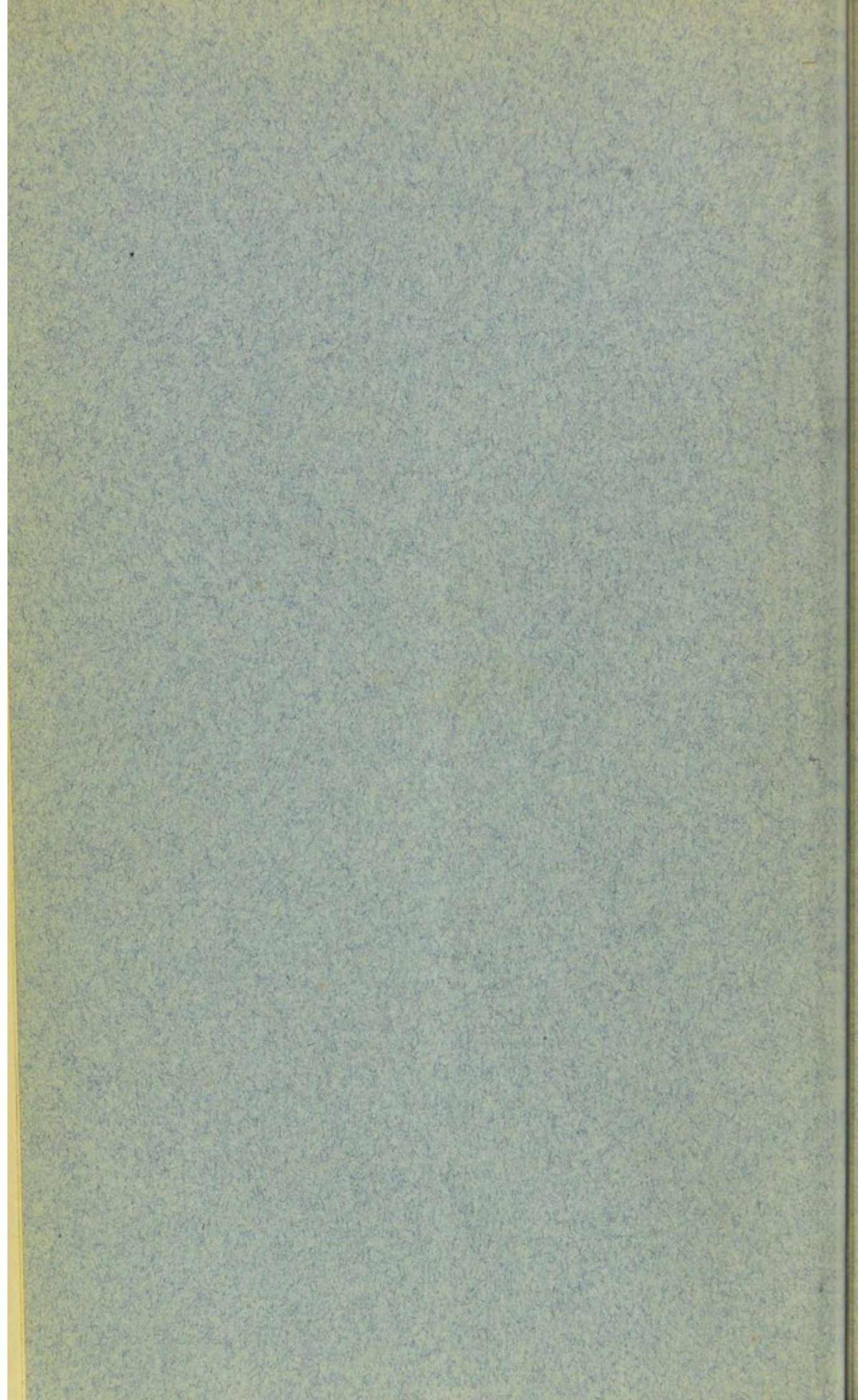
Palpebrarum

by

G. Barlow.



Trans. Path. Soc: 1884



Case of congenital xanthelasma palpebrarum.

By THOMAS BARLOW, M.D.

[With Plate XXVII.]

A. B—, a boy, aged 6 years 11 months, was sent to me in February last by Mr. Swindell, of Finchley, on account of general feebleness of health and poor nutrition.

In examining the boy I noticed certain skin lesions, most of which have been fairly portrayed in the accompanying plate from a sketch by Mr. Hurst, and to them I will in the first place refer. There were typical chamois leather patches of xanthelasma in the following situations:—Beyond the right external canthus there was a triangular area, the greatest length of which was half an inch, and the greatest breadth a quarter of an inch; this was the largest patch. There was a small oval patch immediately above the external canthus, and there were two small round patches on the left upper lid—one over the middle, the other over the outer end of the lid. All these patches were slightly raised and of typical buff colour. There was slight streaky orange-coloured pigmentation, without perceptible thickening of the skin, extending obliquely downwards and outwards for about three quarters of an inch in the fold below the right eye, and besides a like streak on the left side in a like situation there was another small streak below the outer canthus. There was also brownish-yellow staining, without thickening of the skin, of the helix of each ear. On the tip of the left shoulder, between the end of the clavicle and the acromion, there was a small, oval, raised buff spot. Below the left shoulder there was some brownish pigmentation observable on two of the vaccine cicatrices. For three or four inches above the elbow on the back of the left arm, and also a little below the left elbow on the back of the forearm, there were some pale purplish areas, probably due to dilated venules, with slight brownish-yellow staining between. The boy's skin generally was of a muddy sallow colour. He had a few chicken-pox scars on his body, but they were not pigmented. His hair was brown and his irides greyish blue. His conjunctivæ were quite clear. His muscular development was remarkably poor; this

was especially so with regard to the pectorals and shoulder muscles. There was nothing specially noteworthy on physical examination. His heart's apex beat was perhaps unduly evident; it was visible in the fifth space in the nipple line. There was no murmur; the pulse gave no evidence of increased tension. His urine was said to have been thick. I got some for examination about a fortnight afterwards, and then it was clear, with a sp. gr. of 1020 giving slight deposit of phosphates on boiling, but no evidence of albumen or sugar.

The history given by the boy's mother, who was very intelligent, was that the buff patches about the eyelids and the staining on the ears had been noticed directly after birth. The eyelid patches had decidedly increased during the last year. The exact period when the vaccine stains appeared could not be fixed. I could not satisfy myself about the history of the small buff patch above the left shoulder, nor about the blue staining above the elbows, but the mother held the opinion that these were very early in their origin. The child had been plump and healthy for the first three months whilst being suckled, but subsequently had suffered much from indigestion. From the account given he had probably been subject to urticaria throughout his life. He had never at any time had jaundice, and he was not liable to megrim. About twelve months before I saw him it seems clear that he passed some fine gravel, and he also had some pain in passing water, and passed a few drops of blood. This had been confirmed by a doctor. It had not recurred. He had not suffered from any joint affection.

With respect to the family history, there had been one stillborn and one other child before this. I saw the other boy subsequently. He was a fairly healthy, though not a robust boy; rather sallow, but free from any xanthelasma patch. The mother was healthy; the father suffered from psoriasis; the paternal grandfather had been the subject of undoubted gout. There was no history to be obtained of any xanthelasma previously occurring in either the father's or mother's family.

Remarks.—There seems no doubt that this is a case of congenital xanthelasma with subsequent progressive enlargement of some of the patches, and a tendency to deposition of orange-coloured pigment in other parts of the skin.

In the two family groups of congenital and early xanthelasma brought before this Society respectively by Dr. S. Mackenzie and

Mr. James Startin, in the last session but one, it is noteworthy that the eyelids were not affected. There was also no history of jaundice. The same negative statements have been made about the other early cases. The interest of my case is that it establishes a link between the previously recorded early cases and the ordinary adult ones, in that the affection of the eyelids was here quite typical and characteristic. The third conclusion in the xanthelasma report ('Path. Trans.,' vol. xxxiii, p. 380), to the effect that in the early cases the eyelids always escape, will therefore require revision.

With respect to liver disturbance, although it is true this boy had never had jaundice, yet the history of renal sand and hæmaturia might raise the question of his being the subject of what has been called lithiasis, a condition which Dr. Murchison was disposed to refer to fault on the hepatic side.

The liability to urticaria, the general sallowness of skin, the proneness to rapid change in the colour of the face, the history of gout in the grandfather and of psoriasis in the father, may have been in some way or other related to this boy's peculiar skin lesions, but at present, one can only note them as empirical facts.

I may perhaps note in the same connection that I satisfied myself that the boy made some improvement in general nutrition, complexion, and spirits, after diminishing the daily amount of animal food which had previously been given to him.

May 20th, 1884.

DESCRIPTION OF PLATE XXVII.

To illustrate Dr. Barlow's case of Congenital Xanthelasma.

FIG. 1.—Xanthelasma palpebrarum.

FIG. 2.—Congenital bluish discolouration about the elbow, and slight orange staining of the vaccination cicatrices.

From drawings by W. Hurst.

Fig. 2.

Fig. 1.



