

# Xanthoma

Benign lesion whose origin is abnormal deposition of cholesterol deposits on parts of the body other than blood vessels. This leads to an inflammatory cell infiltration. This lesion contains abundant foamy histiocytes most commonly occurring in superficial soft tissues such as skin, subcutis, or tendon sheaths. The involvement of deep skeletal structures, however, is rare. Most xanthomas occur in patients with hyperlipidemic disorders.

Gonzalez-Garcia et al. describe the first case coexisting with ventriculomegaly secondary to aqueduct stenosis (non-tumoral hydrocephalus), the second xanthoma of the clivus described to date. The patient was a 51-year-old woman with headaches and absence seizures. Axial T1-weighted MRI showed a well-demarcated, hypointense, osteolytic, 25 × 18 × 15 mm lesion with cortical erosion located at the right margin of the clivus. Sagittal T2-weighted MRI demonstrated a hypointense mass without associated edema. Sagittal gadolinium-enhanced T1-weighted MRI showed contrast uptake with a partially hypointense rim. The increased ventricular size without periventricular edema was associated with aqueduct stenosis, and there was no contiguity with the tumor. A neuronavigation image-guided transsphenoidal approach was chosen to perform a macroscopically complete resection. Intraoperative histopathological study showed a chordoma of the clivus. Exhaustive postsurgical study revealed the benign nature of a bone xanthoma. Given the finding of a clival lesion, the differential diagnosis is essentially with other malignant entities with a rapidly fatal outcome, such as metastases, or with a possible invasive evolution, such as clivus chordomas. This report describes the clinical, radiological, and pathological keys for such differentiation in order to avoid unnecessarily aggressive treatment with ablative surgery and radiotherapy <sup>1)</sup>.

1)

González-García L, Asenjo-García B, Bautista-Ojeda MD, Domínguez-Páez M, Romero-Moreno L, Martín-Gallego Á, Arráez-Sánchez MÁ. Endoscopic endonasal resection of clival xanthoma: case report and literature review. *Neurosurg Rev.* 2015 Oct;38(4):765-9. doi: 10.1007/s10143-015-0630-6. Epub 2015 Mar 31. PubMed PMID: 25820465.

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