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#### **RESEARCH ARTICLE**

### PRIMARY XANTHOMA OF CUNEIFORM AND METATARSAL BONES: A case report

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Manuscript Info	Abstract
Manuscript History:	<ul> <li>Introduction: Primary xanthoma is a very rare tumor of bone. Xanthoma has never been reported in cuneiform And metatarsal bone till date . Xanthoma has been described in femur, Hand , distal radius etc.</li> <li>Case report: We are presenting a case of Primary xanthoma of middle and lateral cuneiform and base of 2nd metatarsal bone . A 37- year-old male presented with complaint of swelling over dorsum of right foot with no functional disabilitiy since last 8 months.</li> </ul>
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Key words:	
Xanthoma, foot, rare diseases.	Total excision of tumor And Intralesional curettage with bone grafting was
*Corresponding Author	done. There is no sign of recurrence in follow up of the patient. <b>Conclusion:</b> Primary xanthoma is a very rare tumor of bone. Prompt
Dr. S P Gupta	outcome.
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# **INTRODUCTION**

It has also been named as primary xanthoma of bone, xanthofibroma, fibroxanthoma of bone, fibrous histocytoma. Primary xanthoma is a very rare tumor of bone. It is mostly reported in calcaneum, iliac crest, distal end of radius .More commonly found in patient above 20 years of age and Male: Female is 2:1. We did not find any case data on internet and in books regarding involvement of cuneiform and Metatarsal bone.

**Case Report:** We are presenting a case of Primary xanthoma of middle and lateral cuneiform and base of 2nd metatarsal bone . A 37- year-old male who is traditional dancer by occupation presented with complaint of swelling over dorsum of right foot with no functional disabilitiy since last 8 months.

Roentgenogram: Showed a small osteolytic lesion in middle and lateral cuneiform and base of 2nd Metatarsal bone. Laboratory Investigation:Normal lipid profile and liver function test.

**Histologically:** The lesion showed sheets and cluster of cells with round to oval nuclei and moderate to abundant cytoplasm. At places of foamy histocytoma are also seen. Small number of multinucleated giant cells and pigmented macrophages are also seen.

#### **Discussion** :

Bone xanthoma is a rare disorder due to the presence of cholesterol deposits in the bone. It is usually found in hyperlipidemia and hyperlipoproteinemia family. These are characterized by elevated levels of cholesterol that form deposits in soft tissue and bone. These are also reported in nonhyperlipidemic states . The most frequent location of bone xanthoma is the diaphysis of long bones, especially the tibia. Other locations may be particularly in the facial skeleton, mastoid air cells , and mandibular bone. The skull can be affected (temporal or frontal ) which may cause cerebellar compression.

The axial skeleton is not spared. A xanthoma case of sacrum and calcaneus has been described in the literature. Xanthoma of bone is characterized as a lytic lesion, often with cortical expansion or disruption . X-ray images show intraosseous clear images sometimes resulting in deformities of the bone. Bone scintigraphy allows for mapping of lesions and posttherapy followup. It highlights increased uptake of long bones diaphyses, skull, and some bones of the face. The diagnosis is histological. Other diagnoses must be ruled out such as histiocytosis X, Erdheim-Chester, and clear cell carcinoma metastasis. The treatment is medical and surgical.





Microscopic photo of the tumor



Intra operative photo of the tumor

**Treatment:** Total excision of tumor And Intralesional curettage with bone grafting was done. There is no sign of recurrence in follow up of the patient

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**Conflict of Interests :** No benefit in any form has been received or will be received from commercial party related directly to the subject of this article.

# **Refereces:**

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