

The exchange of correspondence between the authors of "Color Atlas and Synopsis of Clinical Dermatology, common and serious diseases; Third Edition, International Edition" and the author of a paper on tendon xanthoma published in the January 1997 SMJ is published for the information of our readers.

A/Prof E H Kua
Editor

To
Professor Thomas B Fitzpatrick
Wigglesworth Professor of
Dermatology Emeritus,
Chairman, Department of Dermatology,
Harvard Medical School
Boston Massachusetts, USA

Dear Professor,
May I congratulate your fellow editors and you for bringing out the third edition of the Color Atlas and Synopsis of Clinical Dermatology, common and serious diseases; Third Edition, International Edition. I recommend it to post-graduate doctors in Family Medicine as the standard reference for dermatology and have your book within reach in my consulting office as I found the illustrations and text very useful for patient education.

I am also writing to highlight what I believe is an important error in description regarding 'xanthoma tendineum' or tendon xanthoma (TX) in page 468 of the third edition, an error which is brought over from the second edition. This concerns the description of TX as being 'subcutaneous'.

The xanthomatous deposits of TX are *within the tendon fibrils* and not on the

tendon sheath⁽¹⁾. Knowledge of this fact is important for the following reasons:

(1) Clinical Diagnosis
'50% of the TX have homogenous thickening and do not produce circumscribed tendon morphology that can be detected by inspection or palpation'⁽²⁾. If the deposits were misunderstood as being sub-cutaneous, these TX would be missed clinically. Further, there need not even be increased antero-posterior measurements of tendons to diagnosis TX as long as local deposits within the tendons are demonstrated by ultrasonography.

(2) Primary Prevention
Familial Hypercholesterolemia is diagnosed by the triad of type 2A hyperlipidemia, TX and a family history of premature atherosclerosis. A greater pick-up rate of TX amongst general physicians and dermatologists would certainly be useful not only for the patient but also for his relatives as effective cholesterol-lowering drugs are now available.

(3) Inadequate understanding of the subject
A small survey on the knowledge of important facts of TX amongst doctors in Singapore in 1995 revealed that there was a poor understanding of the subject. Many Internal Medicine and Dermatology textbooks also inadequately document the topic⁽³⁾.

I enclose a paper written by one of my post-graduate doctors (A case report on 'Tendon Xanthoma in Familial Hypercholesterolemia - A clinical and ultrasonographic study Singapore Med J 1997; 38: 37-40) which discussed clinical and ultrasonographic aspects of TX. The

results of the survey mentioned above are quoted in page 39 of the paper, last paragraph under the section on 'Discussion'.

I hope that the above comments are useful.

With best wishes from the medical fraternity in Singapore.

Dr Cheong Pak Yean

REFERENCES

1. Harian WR, Graham JB, Estes EH. Familial Hypercholesterolemia: A genetic and metabolic study. *Medicine* 1966; 45:77-110.
2. Yuzuwa K, Yamakawa K, Tohono E et al. An ultrasonographic method for detection of Achilles tendon xanthomas in familial hypercholesterolemia. *Atherosclerosis* 1989; 75: 211-8.
3. Cheong PY, Siaw TY et al. Tendon xanthoma revisited - a study of its awareness amongst doctors and its documentation in textbooks. *Proceedings of the Academy of Medicine Chapter of Physicians, Annual Scientific Meeting 1996 Jan 27 Singapore.*

Reply Letter

Thank you very much for your comments concerning 'Color Atlas and Synopsis of Clinical Dermatology'. I apologize for the mistake made regarding the tendon xanthoma and I can assure you that this error will be corrected in the next printing.

Thank you also for letting me see your publication in the Singapore Medical Journal 1997.

With my best regards.

Klaus Wolff
Professor and Chairman
Department of Dermatology
University of Vienna

Note:

Prof Klaus Wolff is a co-author of the book.