Edematous striae distensae

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A 14-year-old girl presented with complaints of total body swelling for the previous 3 months. There were no complaints of fever, joint pain or swelling, rash, excessive hair loss or oral ulcers. The physical examination revealed anasarca and very large, swollen striae over the abdominal wall with occasional, small superficial ulcerations (Fig. 1). These striae were especially prominent in dependent areas in the flanks (Fig. 2). Laboratory analyses revealed 4+ dipstick proteinuria, numerous RBCs on urine microscopy, 24 h urinary protein excretion of 3.5 g, serum albumin of 1.3 g/dl and serum creatinine of 0.7 mg/dl. She had undetectable anti-nuclear antibody titres in the blood, and there was no evidence to suggest present or past hepatitis B or hepatitis C virus infections. Serum complement levels were normal. She had not responded to 2 months of therapy with prednisolone at a dose of 80 mg/day, which was prescribed by her primary care physician. A diagnosis of nephrotic syndrome was made, the steroid dose was tapered, and the patient was symptomatically improved with fluid restriction and diuretics. Subsequently, a renal biopsy was performed, which was consistent with a diagnosis of mesangiocapillary glomerulonephritis.

Striae distensae is a commonly described complication of steroid use. However, high dose steroid use complicated by mechanical stress due to rapid increase in body size because of accumulation of edema fluid led to formation of unusually large edematous striae distensae in our patient. It

Fig. 1 Edematous striae distensae over abdominal wall

Fig. 2 Very large edematous striae distensae over right flank

is the combined effect of edema and steroid use that leads to edematous striae distensae. Skin ulcerations can occur over such large striae distensae and these can become

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secondarily infected [1]. Edematous striae distensae is a rare complication that reminds us how common side effects attributable to drugs can transform into rare clinical signs when modified by underlying disease states [2].

Conflict of interest None.

References

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