Journal of Pakistan Association of Dermatologists. 2024;**34(1)**:328-329.

Case Report

Fluid filled striae distensae in a SLE patient with proteinuria and hypoalbuminemia

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Abstract Striae distensae (SD) also known as stretch marks are common skin lesions which are basically a dermal damage resulting from excessive stretching of the skin. It has physiological and pathological causes like gestation, rapid fluctuation in weight, adolescence, Marfan's syndrome, Cushing Syndrome and prolonged local or systemic corticosteroid. Here we report the unusual presentation of fluid accumulation in striae distensae in a patient of SLE with hypoalbuminemia.

Key words
Fluid filled striae; Hypoalbuminemia; Proteinuria; SLE.

Introduction

Striae distensae are common dermatological lesions it has two different stages: striae rubra, early lesion are usually raised and erythematous, and later they become hypopigmented and wrinkled known as striae alba.[1] We report a case of 15-year-old girl who presented with fluid filled striae on her abdomen and inner thigh bilaterally.

Case Report

A 15-year-old girl, known case of SLE with lupus nephritis (biopsy proven) since last 1 month, managed on MMF (500mg BD), prednisolone (40mg/day for last 1 month) and hydroxychloroquine (200mg BD) presented to the dermatology OPD with multiple linear, lobulated skin lesions which flattened with transient pressure **(Figures 1,2)**.

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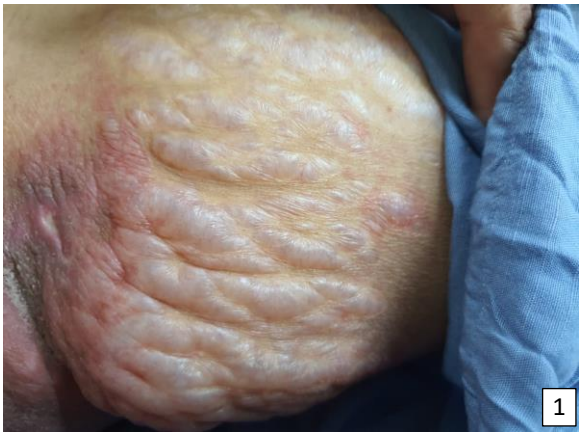
On further inquiry it was revealed that she had severe generalized edema 9 days prior which was managed with injectable furosemide and her generalized swelling improved. However, she noticed multiple linear fluid filled lesions on her lower abdomen and inner thighs.

On examination it was noticed that all her preexisting striae were fluid filled. Her generalized edema had settled but fluid was still present in areas of stretch marks which resulted in fluid accumulation[2,3] within her steroid induced striae and stretch marks on bilateral flanks and inner thighs **(Figures 1,2)**.

Investigations reveal Serum Albumin: 1.7g/dL (3.5-5 g/dL), 24hr urinary protein 2541mg (<150mg/24hr) secondary to SLE induced nephropathy. Liver enzymes were normal.

Discussion

Striae distensae (stretch marks) have association with gestation, rapid fluctuation in weight, and systemic corticosteroids or topical usage of corticosteroid; they develop most commonly in women and young adults.[6] In our case it was due to steroid usage.[4] It involves accumulation of fluid in the striae, it could happen due to the



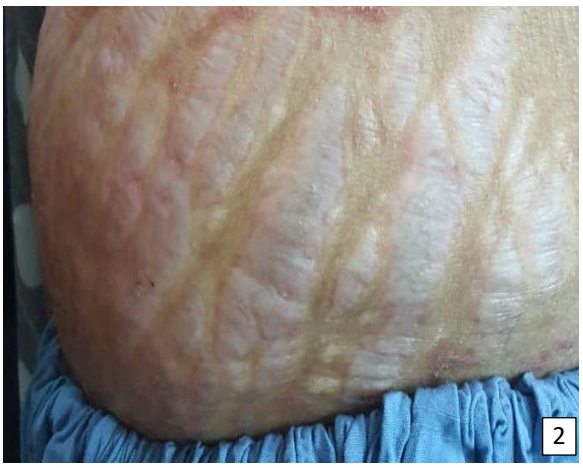


Figure 1, 2 Erythematous bullous plaques of striae distensae on inner thigh and flanks.

synergistic effect of both steroid usage and anasarca; because the usage of glucocorticoids causes increased breakup of the collagen leading to diminished tensile strength, leading to preferable buildup and delayed release of ansarcal fluid in striae spaces forming fluid-filled spaces. SLE, due to its underlying features of protein losing enteropathy and nephrotic syndrome results in hypoalbuminemia.[5] Decreased serum albumin is linked to diseased activity particularly in patients with co-existing lupus nephritis. This transient condition due to low albumin settles slowly with diuresis, once albumin is corrected and disease control is achieved. We are reporting this unusual clinical presentation of fluid accumulation in striae so we can avoid needless panic and omit redundant investigatory or therapeutic interventions.

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