

Edematous striae distensae in nephrotic syndrome

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A 19 year old male was evaluated for swelling over face and body for 3 months. Examination revealed swelling over face, pitting edema feet. The patient was found to have significant proteinuria (3.1 gram/24 hours) and red blood cells (RBCs) were seen on urine examination. In view of deteriorating renal function (creatinine 3.1 mg/dL), renal biopsy was done which revealed focal segmental glomerulosclerosis. The patient had been on steroids (prednisolone 60 mg/day) for previous one month. Presently large edematous and distended striae over abdomen (Fig. 1) and lower limbs were seen (Fig. 2 and 3) which had developed after steroid use.

Striae distensae are common dermatological lesions which may result from a multitude of causes. The various factors implicated in the

causation of these lesions include use of steroids, Cushing syndrome, pregnancy, weight gain, obesity, adolescence and racial factors. Apart from the abdomen they may occur at the breasts, buttocks, thighs, knees and calves [1]. Striae rubrae are erythematous red and flat lesions which may precede the hypopigmented striae distensae. The possible mechanism of their genesis is related to stretching of the skin and its mechanical effects. Edematous striae distensae, however, are uncommon and have been described in underlying nephrotic syndrome [2-4]. Although the abdominal striae are a well-recognised complication of steroid use, however the edema associated with protein loss in glomerular disease can further accentuate the appearance of these striae as noted in our case.

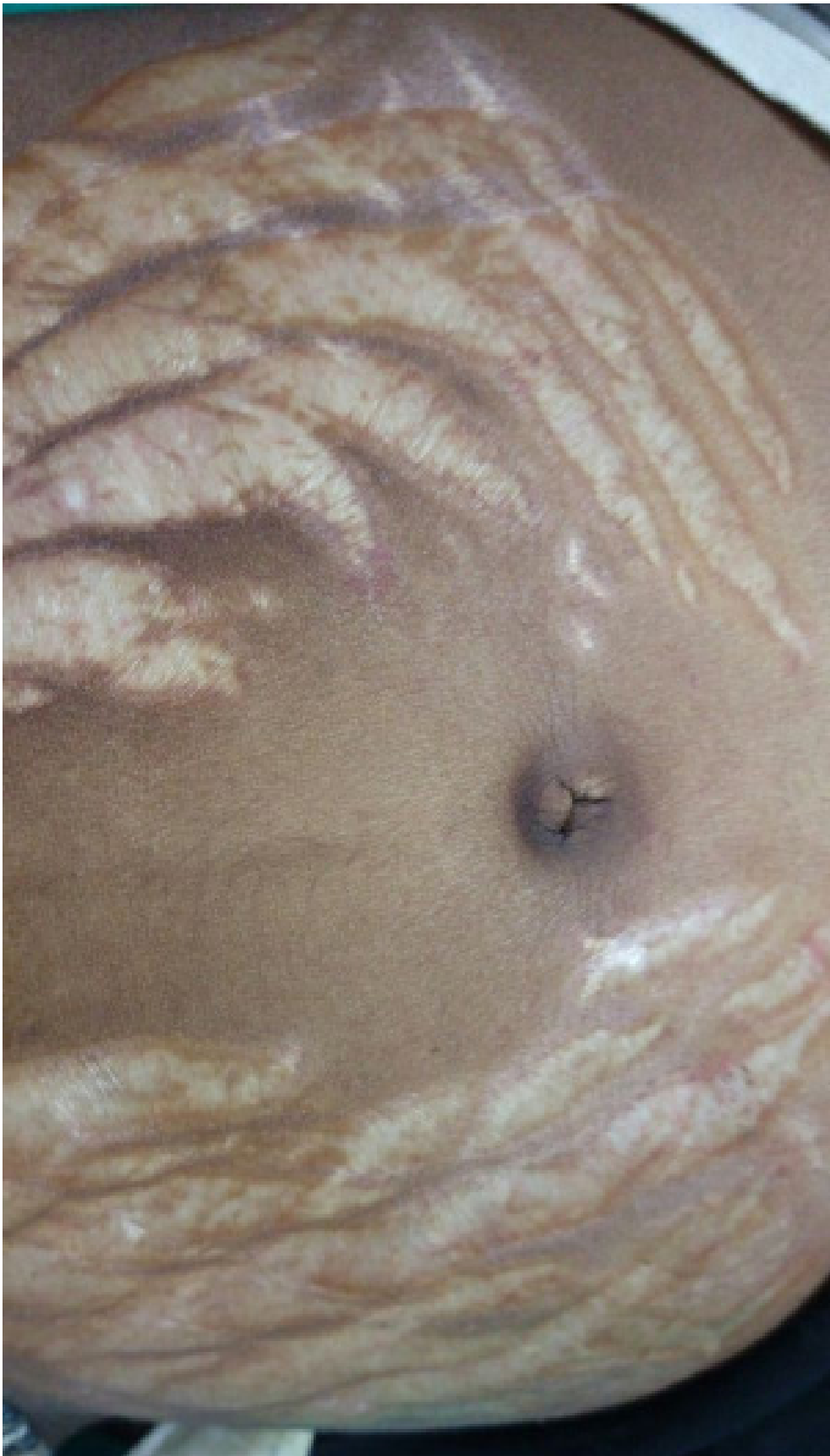


Figure 1.



Figure 2.



Figure 3.

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