Indigenous Drug-induced Striae

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A 20 year old male presented with pyrexia (100°F-102°F) and cough for 5 days duration with multiple striae present all over the body. There was no history of arthralgia, bleeding manifestations, skin rash, recent weight fluctuation or other localizing symptoms. He gave a history of intake of some indigenous drugs for the past 8 months for the treatment of acne vulgaris. His vitals were stable, systemic examinations were within normal limits but he had widespread purplish striae over his back, arms, abdomen, thighs and lower limbs (Fig. 1). He did not have a cushingoid habitus (Fig. 2). Routine investigations were normal except for a raised eosinophil count of twelve percent. The 8 a.m. fasting cortisol level (normal value: 5-25 µg/dl) of the patient was suppressed to 1.9 µg/dl. His fever responded to Gram positive coverage. He was discharged with a provisional diagnosis of upper respiratory tract infection with steroid-induced (or indigenous drug-induced) striae, and the indigenous drug stopped.

Striae distensae (stretch marks) were described as a clinical entity hundreds of years ago, and in 1889 the first histologic descriptions appeared in the medical literature. Striae distensae are characterized by a thinning of connective tissue stroma to produce linear, atrophic-appearing skin, which appear in areas of dermal damage produced by stretching of skin. The striae appear as white or purple parallel streaks of thinned and glossy skin. The striae may be slightly depressed and have a different texture than surrounding normal skin. The purple or red colour indicates that the stretch marks are of recent onset where the vascularized subcutaneous tissues are exposed. Striae are dermal scars accompanied by epidermal atrophy. They are often associated with abdominal enlargement of pregnancy (abdomen and breast), in obese adults and children, during rapid growth of puberty in males and females (inner aspect of arms and thighs), on the shoulders of young male weight lifters, and hypercortisolism due to Cushing’s syndrome or prolonged use of oral or topical corticosteroid (breasts, hips, thighs, buttocks, abdomen, and flanks). A genetic predisposition is presumed and the role of genetic factors is further emphasized by the fact that striae are common in inherited defects of connective tissue, as in Marfan’s syndrome or Ehlers-Danlos syndrome. Very rarely, severe, extensive striae may ulcerate or tear when an accident or excessive stretching occurs. Linear focal elastosis can be considered in the differential diagnosis of striae, but here the lesions are yellow and palpable unlike striae. Striae distensae are an appreciable cosmetic problem, especially in pregnant women. Topical tretinoin (0.1%) and Lasers of various types are used in treating striae, and seem to be a promising mode of treatment. There is no accepted surgical procedure for improving the appearance of striae and the patients should be reassured that striae fade over time.

This case serves to be an eye opener as the indigenous drugs without specified composition may be harmful in many respects.

References