

Striae in Cushing's syndrome

M Bokhari,* N Cele

Department of Diabetes and Endocrinology, Inkosi Albert Luthuli Central Hospital, South Africa

*Corresponding author, email: ibnabbas85@hotmail.com



Since the description of the classic presentation of Cushing's syndrome by Harvey Cushing in 1932, violaceous striae have been regarded as a clinical marker of pathological hypercortisolaemia. Cushing described a case of a 23-year-old woman as "numerous purplish striae were present over the stretched skin of the lower abdomen and also over shoulders, breasts and hips".¹

In states of prolonged hypercortisolaemia, reduction in collagen and skin elasticity leads to dermal tears and formation of striae.² The violaceous purple colour derives from thinning of the skin with greater visibility of vasculature.³ Furthermore, despite remission of glucocorticoid excess, striae are not completely reversible.⁴

Striae typically occur in those with more severe hypercortisolaemia but are not specific for Cushing's syndrome, as several reports have noted striae in patients with pseudo-Cushing's. Besemer et al.⁵ reported that striae were present in 12.5% of patients with alcohol-induced pseudo-Cushing's and Giraldi et al.⁶ found the prevalence of purple striae was similar in a group of 32 patients with Cushing's syndrome and 23 with pseudo-Cushing's.⁶

Therefore, although a classical sign of Cushing's syndrome, and typically found in more severe cases, striae are not pathognomonic of Cushing's syndrome.

References

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