

Clinica-Medical Image

Fluid Filled Striae-Another Sign of Overload

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Figure 1: X-Ray Chest PA view showing cardiomegaly with features of heart failure.



Figure 2: Multiple raised, edematous, mulberry like abdominal striae seen in post-menopausal, multiparous female due to congestion.

Clinical Image

Striae distensae is relatively common dermatologic condition encountered in practice. It occurs on the abdomen and the breasts of pregnant women, on the shoulders of body-builders, in adolescents undergoing their growth spurt, and in individuals who are overweight. It is also seen in case of massive ascites or abdominal mass leading to continuous stretching and breaking of dermis of skin. A 48-year-old female patient with type 2 diabetes mellitus since 12 years came to us with features of congestive heart failure in form of pedal edema, mild to moderate ascites and raised JVP. Liver could not be palpated due to obesity and skin edema. Patient had two live kids and had history of three spontaneous abortions. On inspection of abdomen, multiple vertical and oblique striae were seen over the anterior abdominal wall. Striae were slightly pale in colour as compared to nearby normal skin. Few parts of striae were raised and mulberry like in appearance. They were boggy and soft on touch. Patient also had facial puffiness characteristic of congestive heart failure. X-Ray chest PA view of the patient revealed huge cardiomegaly and echocardiography showed global left ventricular hypokinesia with ejection fraction of 20%. Pulmonary artery pressure was also found to be greatly raised.

It seems that patient developed stretch marks over anterior abdominal wall during multiple gestations she had gone through. Now as she had developed features of congestion and that has led to these peculiar changes to already present striae. It is proposed that oedematous and fluid filled striae especially when present in abdominal wall and in multiparous females can be inferred as marker of fluid overload state which may be due to congestive heart failure, hypoalbuminemia or nephropathy. We wish this to be called as Dwivedi-Malik sign. This can also be used as a guide for optimal and judicious diuretic therapy (Figures 1 and 2).

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