

Yellow bullous striae distensae

A 25-year-old male with severe dysphagia from dermatomyositis presented with a yellow linear bullous eruption over his inner arms [Figure 1]. A diagnosis of yellow bullous striae distensae was made. Striae distensae are associated with pregnancy, rapid weight gain or are drug induced, especially by systemic and topical corticosteroids. Their bullous nature is often from oedema caused by hypoalbuminemia or heart failure.¹ Given the cutaneous finding, investigations conducted revealed elevated total bilirubin of 73 $\mu\text{mol/L}$ [normal <20 $\mu\text{mol/L}$] from dermatomyositis-associated liver dysfunction (alanine aminotransferase of 482 U/L [10–55 U/L]), low albumin of 24 g/L [34–50 g/L] and increased body mass index (28.2) complicated by gonadal dysfunction with testosterone of 0.66 nmol/L [10.00–35.00 nmol/L]. Yellow bullous striae distensae are benign in nature but can be helpful diagnostic clues for systemic symptoms.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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Figure 1: Linear bullous eruption over left inner arm in a patient with hyperbilirubinemia, hypoalbuminemia and elevated body mass index.

Reference

1. Jogova M, Hwang SW. Fluid-filled striae in a patient with hypoalbuminemia. CMAJ 2017;189:E942.

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