



A CASE REPORT OF FULL THICKNESS DERMAL DEHISCENCE IN STRIAE GRAVIDARUM

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Abstract

Striae gravidarum are atrophic linear scars that represents one of the most common connective tissue changes of pregnancy. In most cases it heals on its own after leaving scar invariably. This unique case was encountered with atypical presentation of Striae Gravidarum showing full thickness dehiscence and ulcerative lesion on the striae gravidarum .The patient delivered vaginally and the lesions showed spontaneous healing post delivery.

Keywords: Striae Gravidarum, Scar, Full Thickness, Dehiscence

1. Introduction

Striae gravidarum are atrophic linear scars commonly seen in the connective tissues of pregnant women especially in primigravid and obese women[1]. These striae reported to occur mostly in pregnant women in the abdomen, but can also develop in the hips, breasts, thigh, groins, and armpits[2].

The changes in skin tension causes disruption to collagen fibers and elastin in the dermis as the uterus distends with period of gestation [3] and hormonal (aldosterone)changes during the pregnancy lead to the rupture of elastic fibers of the abdominal skin[4]. The striae gravidarum presents as irregular purple or light red parallel stripes in abdominal skin which gradually fade into silver bright whitish linear scars post delivery over time[5]. Striae gravidarum brings both psychological burden and mental stress to pregnant women, affecting quality of life[6]. The

etiology is unclear and the treatment have always been a challenge in present medical research[7,8]. Nowadays, many attempts have been made to study risk factors, prevention methods, and treatment modalities.

2. Case Study

A 25yr old G3A2 woman presented to ANC OPD at 38wk of gestation for regular check up with history of intensive itchy reddish linear skin lesions along the striae gravidarum associated with tearing pain progressed to ulcerative lesions of variable size from 7mth. A physical examination revealed infra umbilical dermal ulcerative lesion along the striae gravidarum. The lesions were linear erythematous with intermittent full thickness dehiscence . The ulcerative lesions were of variable size varying from 1cm -4cm with yellowish necrotic base with edges showing different stages of healing.



Figure 1: Full Thickness Dehiscence of Striae Gravidarum Showing Ulcers of Variable Size. (Before Delivery)



Figure 2: LESIONS SHOWING HEALING POST DELIVERY

Histopathology showed dense lymphoplasmacytic infiltrate along with histiocytes. Leukocytoclastic vasculitis is seen along the fibrinoid necrosis with para septal panniculitis. Patient was given supportive nonspecific treatment for the lesions like antiseptic ointments. Patient delivered vaginally. Postpartum and postnatal period was unremarkable. The lesions showed spontaneous healing without any specific treatment. These are rare and unique complication of striae gravidarum.

3. Discussion

Striae gravidarum is a common phenomenon of

stretch marks observed during pregnancy that may be an indicator of poor skin elasticity and collagen quality[9]. These stretch marks represent the scar tissues in the deeper layer of the cutis. Initially these are pinkish purple but after the delivery, the scar tissue contract due to decrease in uterine size and obliterate the capillaries and they become glistening white in appearance and are called striae albicans. But in this unique case the striae gravidarum showed secondary changes of full thickness dehiscence and ulcerative lesions which were painful to patient, responded to supportive treatment, once the patient delivered the lesions showed spontaneous healing.

4. Conclusion

In conclusion striae gravidarum are normal physiological cutaneous changes of pregnancy due to mechanical stretching and increase in aldosterone production. These striae contract and heals spontaneously leaving permanent scar of variable degree in different pts. But this case showed full thickness dehiscence and ulcerative lesions along the striae which healed spontaneously.

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Conflict of Interest: None

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