

# Florid Skin Striae

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A 20-year-old unmarried girl was seen with complaints of abdominal distension, weight gain, centripetal obesity, proximal muscle weakness, rounded face, hirsutism, and purple striae ×8 months amenorrhea. On examination, she was having BP of 150/90 mm Hg, with facial plethora, moon facies, supraclavicular fullness, facial hair/hirsutism, F.G score of 4/36, acne, clitoromegaly, proximal muscle weakness in both upper and lower limb and centripetal obesity along with wide, purple violaceous striae over abdomen, thighs, and chest. ONDST and LDDST were unsuppressed with low ACTH: <1.00 pg/mL (N = 7.2–63.3). CT revealed a heterogeneously enhancing large (14 × 11 × 6.3 cm) left adrenal mass with multiple periportal and retroperitoneal LN. With a provisional diagnosis of ACTH-independent Cushing's syndrome with virilization, with the

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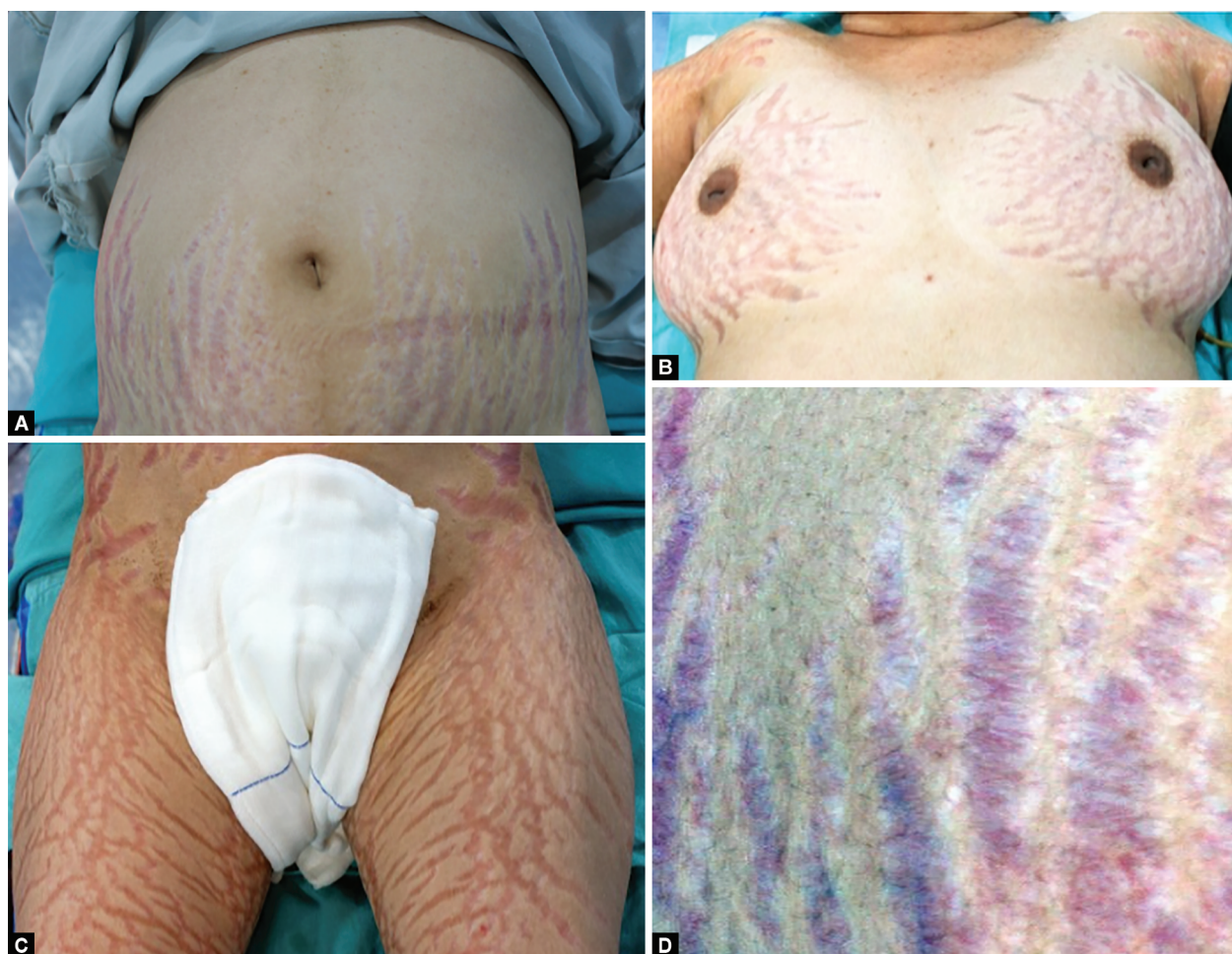
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**Fig. 1:** Florid, wide, violaceous striae

possibility of adrenocortical carcinoma, the patient underwent left radical adrenalectomy. The adrenalectomy specimen weighed 501 g and the histopathology was ACC with a Weiss score of 6. The clinical picture shows wide (>1 cm) and violaceous striae which are specific for Cushing's disease. Even though the skin striae are more common in conditions of pseudo-Cushing's like obesity, puberty, and pregnancy, the striae in these conditions are narrow and pale

or pink and seen only on the abdomen. In Cushing's disease, due to the redistribution of body mass and increase in fat, the fragile skin stretches, and subcutaneous blood vessels become more easily visible, appearing as purple striae. Thus, the clinician should be alerted for the possibility of Cushing's disease if the patient presents with florid, wide, and purple striae on the chest and thighs besides the abdomen ([Fig. 1](#)).