

# Stretch Marks: An Overlooked and Therapeutically Recalcitrant Cutaneous Condition with Substantial Psychosocial Consequences

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Striae distensae (stretch marks) can be described as some of the most prevalent dermatological issues in the world. Epidemiological reports suggest that striae occur in about 50–90% of pregnant women, 70% of adolescents, and more than 50% of individuals who experience sudden weight changes.<sup>1</sup> Despite this remarkably high prevalence of stretch marks, they are still viewed as a benign cosmetic issue and thus are relegated to a secondary role in clinical practice with little of the therapeutic priority given to them.<sup>2</sup>

Striae distensae result from a combination of conditions including skin distension, hormonal changes, and alterations in dermal connective tissue, most commonly involving the abdomen, hips, thighs, breasts, and arms<sup>1</sup>. Although they pose no medical threat and are asymptomatic, they are commonly acquired at the time when a person is psychologically vulnerable, as during adolescence, early adulthood, and pregnancy—stages during which body image plays a central role in emotional well-being.<sup>3</sup> The marks usually fade after pregnancy and weight loss, but they never disappear completely.

The psychosocial effects of stretch marks are getting more and more realized. There is an indication that visible striae correlate with low self-esteem, poor body image, embarrassment as well as poor quality of life especially in pregnant women and the youth.<sup>4</sup> The affected individuals can alter their dress code, reduce social interactions, and be troubled in intimate relationships. The common clinical propensity to down-play or ignore stretch marks can potentially nullify patient anxieties and strengthen stigma.

Stretch marks are difficult to treat therapeutically. Topical agents, such as tretinoin, hyaluronic acid, centella asiatica, and other moisturizers have shown some weak and inconsistent effect, mostly in younger erythematous lesions (striae rubrae) but little effect on older, more mature lesions (striae albae).<sup>2,4</sup> Micro-needling, chemical peels, radiofrequency machines, and platelet-rich plasma (PRP) have demonstrated inconsistent effects on skin texture and skin elasticity improvement, yet results are generally small and multiple sessions of the treatment are necessary.<sup>5</sup>

Other more sophisticated modalities, such as lasers, such as fractional CO<sub>2</sub> lasers, erbium lasers and pulse dye lasers have shown relatively superior outcomes in enhancing pigmentation and causing dermal remodeling.<sup>2,5</sup> There is however no existing treatment that can be consistently certain to restore normal skin architecture and therapeutic outcomes differ considerably with regard to skin type, age of lesions and treatment parameters. Moreover, such interventions are usually constrained due to the high cost of the interventions, low availability, recurrence of the session, and adverse effects especially in darker skin types.<sup>2</sup>

The lack of responsiveness to therapy and the high prevalence of stretch marks coupled with their high psychosocial burden illustrate a major gap in comprehensive dermatological care. Although the field of dermatology has to become more aware of the psychological aspects of acne, vitiligo, and psoriasis, stretch marks have not yet covered a significant portion of research and patient-centered care models.

The paradigm shift is thus justified. Dermatologists need to go beyond the reassurance and integrate psychosocial assessment, realistic treatment counseling, and patient distress validation in the practice. The understanding of medical education and discourse in population health should also undergo a change in order to understand that even though stretch marks are not clinically worrisome, their psychological and emotional effects are tremendous.

It is important to acknowledge that striae distensae is a condition that has significant psychosocial morbidity, and that only with effective therapeutic interventions can this be adequately addressed to promote compassionate, comprehensive, patient-focused dermatological care.

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