

## SKINimages

## Elastic Garment Bands in an Adult

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**Figure 1.** Clinical image of the left proximal thigh with a well demarcated, erythematous linear patch.

## CASE REPORT

A 20-year-old Caucasian female with complex medical history including cerebral palsy, Lennox-Gastaut syndrome, and global developmental delay was hospitalized for acute hypoxic respiratory failure. During her

prolonged hospital course, dermatology was consulted for a three-day history of “rash” along her left thigh. Physical examination revealed a sharply demarcated, curvilinear, erythematous patch of the left anterior thigh directly corresponding to the site of skin compression from the elastic band within the

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patient's diaper (**Figure 1**). Of note, her underlying medical condition requires continuous diaper use, and she is dependent on caregivers for changing and repositioning.

## DISCUSSION

"Sock-line hyperpigmentation" (SLH) is an infrequently reported, benign skin condition that may occur in infants of multiple ethnicities.<sup>1</sup> Lesions are characterized by sharply demarcated, linear patches of erythema and subsequent hyperpigmentation of the ankle or mid shin resulting from prolonged skin compression due to an elastic sock band. Isolated cases of wrist and heel involvement have also been reported due to pressure from elastic bands in mittens and heel-length socks, respectively.<sup>2,3</sup> Lesions may be palpable or non-palpable, partially or fully circumferential, or unilateral or bilateral.<sup>1</sup>

The pathophysiology of SLH is thought to be related to dermal or subcutaneous inflammation from local pressure of elastic bands, ultimately resulting in post-inflammatory hyperpigmentation. Although usually a clinical diagnosis, tissue specimens have demonstrated lentiginous hyperplasia of melanocytes and hyperpigmentation of the stratum basale. Clinical resolution occurs with removal of the causative garment, although a few cases have persisted over several years.<sup>1-4</sup>

There are only approximately 20 existing cases of SLH currently in the literature. This paucity of reports is likely due to the self-evident etiology of these cutaneous findings which results in patients not seeking medical evaluation. Until now, all cases have occurred in infants and toddlers, likely due to their inability to readjust bothersome clothing or communicate to caretakers the discomfort

associated with prolonged, localized compression. To our knowledge, this is the first report of sock-line hyperpigmentation occurring in an adult and the second due to elastic from a diaper.<sup>4</sup>

## CONCLUSION

Our case augments the existing literature about the entity "sock-line hyperpigmentation." Despite its seeming simplicity, we believe that medical classification and archival of all skin pathology, including benign diagnoses such as SLH, is of practical importance for patient reassurance. In essence, it is important to endeavor to always "have a name for things", such as in this case where the patient's mother was very concerned. To account for cases associated with non-sock garments, Berk et al previously proposed altering the medical terminology from "sock-line hyperpigmentation" to "infantile garment bands".<sup>4</sup> We suggest to further revise the nomenclature to "elastic garment bands", as this case exemplifies that these lesions may occur in adults, especially those dependent on care from others who are unable to express their discomfort from prolonged and localized elastic compression.

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