

Groove Sign: A Clue to the Diagnosis

Sinal do Sulco: Uma Pista para o Diagnóstico



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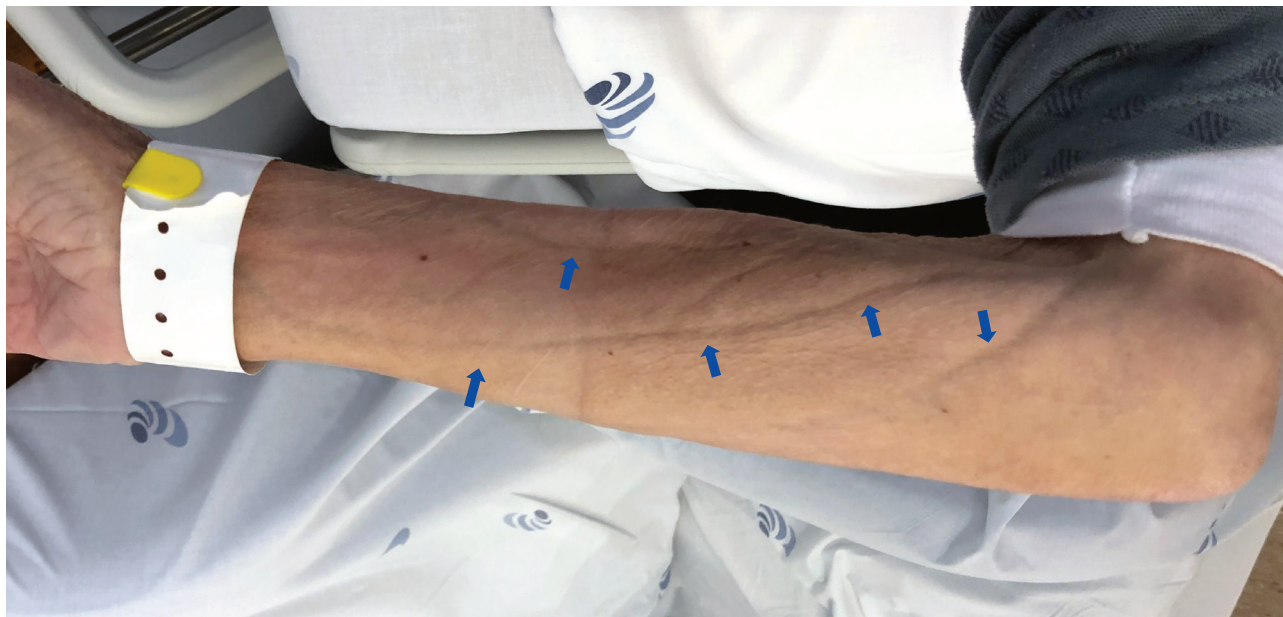


Figure 1 – Groove sign: indentation of the skin along the course of the forearm veins (arrows)

A 75-year-old man presented with a 4-month history of edema, erythema and progressive skin thickening affecting the limbs. No triggers were identified. His past medical history was irrelevant. The physical examination revealed induration in the upper and lower limbs, sparing the hands, feet, face and trunk. Linear depressions along the course of the veins, exacerbated by limb elevation, were present on the forearms, and were consistent with the groove sign (Fig. 1). The laboratory findings included peripheral eosinophilia (1800 cells/ μ L) and elevated C-reactive protein and aldolase (respectively 31.1 mg/L, normal value < 3.5; 19.6 U/L, normal value < 7.6). The antinuclear antibodies were negative. The magnetic resonance imaging showed a soft tissue edema with a fascial predominance. The fascial biopsy was compatible with eosinophilic fasciitis (EF). The patient started oral prednisolone 0.5 mg/kg/day and subsequently oral methotrexate 20 mg/week with cutaneous and functional improvement over 1-year follow-up.

EF is a rare fibrosing disorder of unknown etiology which is often misdiagnosed.^{1,2} The groove sign reflects fibrosis

and tethering of connective tissue around the veins, and it is a classical feature of EF.³

AUTHORS CONTRIBUTION

MSR, MB: Medical follow-up of the patient; draft of the paper.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

INFORMED CONSENT

Obtained.

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COMPETING INTERESTS

The authors have declared that no competing interests exist.

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